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ORIGINAL ARTICLES.

CLIMATE A FACTOR IN THERAPEUTICS.

BY EGBERT GUERNSEY, M. D.

AS THE winter months with their ever changing temperature, their intermingling of storm and sunshine, of wet and dry atmosphere approach, every physician is questioned by more or less anxious inquirers after health as to the best locality to spend the often inclement months of January, February and March. Advice thus eagerly sought to be worth anything must presuppose not only a minute knowledge of the temperament, physical and mental condition of his patient on the part of the physician, but also a thorough knowledge of the climate and surroundings of localities North and South, in the mountains and valleys, on the plains or by the seaside, that he may select the precise locality to the condition of his patient. The intelligent physician would hardly send a patient with jaundice, or serious liver troubles, to St. Augustine, or any location along the St. John's River, but would naturally select Carlsbad or some of the equally valuable mineral springs of our own country. In organic disease of the heart, or in pulmonary hæmorrhage, the result of a breaking down of lung tissue, he would naturally exclude the high elevation of mountains where the decreased atmospheric pressure would be likely to produce not only hæmorrhage but heart failure. Pneumonia is almost always fatal in locations above 8,000 feet, unless speedily removed to a lower altitude. In nervous exhaustion and in the early stages of pulmonary trouble, high altitudes, especially on the broad wind swept plateaus, or in the valleys between high ranges of mountains, the dry, clear, rarefied air, the bright sunshine, and the out of door life brings in play every nerve, quickens every blood cell, and makes one feel as though he could defy the ravages of age and be forever young, but in all cases when tuberculi bacilli are found in the sputa, and no case of apparent lung trouble should be sent from home without a careful microscopic examination being made of the sputa, we need the warm, dry air of a Southern climate among the pines. The atmosphere itself should not only be as free as possible from germ life but in a measure antiseptic. The air as it passes over and through the foliage of the pine, the eucalyptus and other balsamic trees absorbs the balsams of the trees, and in its wonderful laboratory breaks up the terebinthine atoms, combines the molecules with its oxygen and hydrogen, and rearranges them so as to form new products, the antiseptic germ destroying peroxide of hydrogen, camphoric acid and thymol. The air is antiseptic and full of life to the individual, but destructive of those minute forms of atomic germ life which sow the seeds often of fatal disease. Two great factors in a climate suited to respiratory affections are a dry atmosphere and plenty of sunshine, and when we add to these the antiseptic air which breathes through the pines, the hemlock and the eucalyptus, we have a climate it would seem about as perfect as nature can produce. The country is full of health resorts, and every variety of climate can be found with comfortable sanitariums where if the cases are individualized properly great benefit can be obtained.

The peninsula of Florida within the past few years, especially that portion most devoted to citrous fruits, has been growing more and more in favor as a resort for invalids, especially suffering from respiratory trouble and over-fatigue of body and brain. In southern Italy and northern Africa a decoction made from the leaves and roots of the citrous family has long been a favorite domestic remedy for the prevention and cure of malarial troubles, as in more northern countries the leaves of the peach and the wild cherry tree are used for bronchial and spasmodic coughs. It is a well established fact observed in Australia, on the Mediterranean coast, in California and Florida, that malarial fever disappears entirely or only appears in a modified form in the vicinity of groves of citrous and balsamic trees. This may be partly owing to the anti-malarial properties of the citrous family, and partly, as is undoubtedly the case, with the eucalyptus tree to a more thorough drainage of the soil by perennial trees with a heavy foliage throughout the year. The roots of both those families of trees extend in all directions to quite a distance from the body of the tree, and the tap root deep down into the earth. Whatever the cause may be there is abundant evidence to show that in Florida malarial troubles are rapidly disappearing, even from the former sickly regions, where the orange tree flourish in the greatest perfection. Our object in this article is to speak more directly of Florida as a winter home to certain classes of invalids, and of heavy brain and body workers,

without saying one word of disparagement, for certain conditions of mind and body, to other localities, East, West, North or South.

The general idea of Florida derived from tourists whose travels have been confined to the east coast along the ocean, and in the vicinity of St. John's River is, that the whole peninsula is a vast sand bank left by the receding waters of the ocean, and that a wave twenty feet high would sweep over its entire surface from ocean to gulf. This is true only in part. A strip of territory about forty miles in width and one-third nearer the gulf than the ocean, extending south nearly three hundred miles, is in reality of the same geological formation as the uplands of Georgia. The country is rolling, the hills and elevated plateaus rising sometimes to the height of three hundred feet. The lakes and ponds which dot the whole country are filled with clear, pure water, the drainage into the Atlantic and the gulf through river and rivulets, and under ground passages being ample to keep the water constantly fresh. Along this back bone of the State the air is dry and invigorating, as is partly shown by the entire absence of the moss which in damper regions festoons the trees and trails in long streamers from the branches of the trees. The middle portion of Florida gives us about the latitude of the southern coast of the Mediterranean, and of Cairo in Egypt. The nights are cool, as is always the case in a dry atmosphere, and the days are in summer seldom oppressive, on account of the alternate strong breeze sweeping from ocean to gulf or from gulf to the ocean. A former objection to Florida as a winter home on account of the absence of home comforts is no longer valid, as in every portion of the State there are now excellent hotels suited in charges to almost every person, and meeting in comfort every condition of life. There are no finer hotels in the world than those of Jacksonville, St. Augustine and Tampa, and all through the healthier portions of the State, along the gulf coast and the back bone of the peninsula, are ideal homes where every comfort can be obtained. A careful study of the peninsula State has led us to believe that in climate, in freedom from malarial troubles, localities are open to the seeker after rest and certain invalid conditions unsurpassed by any in the world with the great advantage of being in our own country among our own people, and in daily communication with our homes.

Sciatica.—Dr. Corbett, of San Francisco, finds in "croton-oil" almost a specific both in acute and rheumatic sciatica. Acting as a hydragogue cathartic he thinks the remedy relieves the congestion of the nerve or sheath by profuse watery discharges from the bowels. The oil is given in doses from half a drop to a drop and a half once in six hours until the bowels are freely opened. Dr. Starr, for same trouble, gives a combination of colchicum, cimicifuga, aconite and belladonna, three-fourths of a drop each.

ON THE PRACTICAL APPLICATION OF PHYSICS TO THERAPEUTICS.*

BY CHARLES HENRY WASHBURN, OF NEW YORK.

"MR. PRESIDENT, Gentlemen,—I beg your kind attention while I attempt to impart to you some of the ideas that come from my experience as an experimentalist in physical research, striving to solve the mysteries of the Natural Law.

"The results of my efforts are at once pleasing and satisfactory, and I deem it a privilege after having proven the practicability of my discoveries by a new system of physics, to have this opportunity of discussing with you, who are so well able to judge, the application of such principles involved in my work as may be of interest from a therapeutic standpoint.

"It has been found necessary, in order to designate and describe those forms of matter and force hitherto unknown, to coin such words as would be descriptive and consistent with present methods of nomenclature.

"I will confine myself at this time to the citation of such laws—selected from the sixty-nine laws that I have discovered as bear directly upon the recognition and treatment of diseased conditions; although you can well understand that a full knowledge of the Natural Law would be most desirable as a preparation for the practitioner."

The speaker then gave a general description of the method pursued by him in the formulation of the laws referred to, and stated that the comprehension of these laws made possible the understanding of the processes of nature that have up to the present time remained unexplained; and that the practical application of these laws afforded the power of determining before hand by mathematical computation the results of an untried experiment in chemistry, in addition, the naming of the conditions and methods of producing them in the experiment would be practicable; in other words, that association and dissociation of matter could be caused directly by a compliance with these laws.

These laws also afford satisfying explanations of the hitherto unaccountable exhibitions found in nature—they explain the relations of matter and force, they explain gravity, electricity, induction, magnetism, sonothermity, atomolity and sound. They give the processes of catalytic action and the change of potential into kinetic energy; the very cause and condition of all cohesion, density, shape and elasticity are shown.

The paper was continued by the reading of twelve laws with corollaries and observations which were of such length as to prohibit their being given in this report. Among others were

* Report of a paper read before the Clinical Club, December 18th, 1891.

the following: The Law of Organic Life; The Law of the Prolongation of Life; The Law of Variation of Atomic Oscillation in Organisms; The Corollary of the General Laws of Organic Structure; Corollary to Laws 63 and 64—Pathology and Therapeutics and the Law of the Chemical Evolution of Organic Life, with three Corollaries showing the condition of the Origin of Life, the development of the Skin surrounding the Primitive Jelly, the several processes of the associations of matter in a beginning of the Functions of Cell Life, the Cause of Locomotion, the beginning of consumption of food, the explanation of the difference of conditions that result in the Evolution of Animal and Vegetable Life, the beginning of Animal Tissue and the cause of the beginning of Animal Reproduction.

We may therefore conclude that if the association or dissociation of organisms is dependent upon the action of force, that we have merely to comply with the requirements of the laws which govern force to restore the normal condition of the aggregate whenever found to be abnormal.

Abnormal conditions in an organism therefore may be corrected whenever that form of force is applied that will restore the normal condition. The methods of application of these forms of force are many; of course a diagnosis of the condition in accordance with the understanding of these laws must first be made, and from this the forms of force to be used and the methods of application may easily be determined.

In the practical applications of physics to therapeutics, attention is called in a general way to some of the facts illustrative of the proposed practice.

Helmholtz has proved "that the timbre of quality of a musical tone by which we distinguish between sad and cheerful sounds, depends upon the relative loundness of the harmonies of the fundamental notes." A further application of this discovery and its systematic development with reference to the special effects upon the mind, will permit of the construction of an instrument upon which tones corresponding to the entire range of human emotion can be produced by the performer. Music not only reproduces the emotional states which the hearer has before experienced but creates conditions of mind, and emotional states that he has never before experienced and perhaps otherwise never would have. Under the influence of pleasurable emotions, every function of the body is improved, while under the depressing emotions, the vitality is lowered. The systematic applications of those tones for the production of those mental conditions, under which thought is most easily carried on, and during which digestion is most easily accomplished, is a practical result placing music almost outside of the realms of fine art.

The realm of sonothermity is one of the newly discovered islands in the great ocean of truth. There are many ways of utilizing this form of force in producing the conditions desired in the treatment of disease. Practical results already attained by the use of sonothermity in the crystallization and separation of several salts, otherwise refractory, and in the tempering of metals forcibly suggest its great therapeutic value.

It is needless here to comment upon the application of heat and cold in the treatment of disease, no one ignores the value of sunlight, and many of us remember with the oscillation of our risibles that almost forgotten fad—blue glassism. Had the originator of the blue glass practice been able to explain why in some instances satisfactory results were obtained—that is to say, had he finished his job, much suffering might have been alleviated.

The transmissive force of thermism—radenergy, is one of the most important to our existence. The amplitude and intensity of thermism may be changed from one to the other, or *vice versa* by an apparatus easily constructed and durable. Most remarkable and almost instantaneous changes in the condition of a patient may be obtained by the use of this apparatus—why it has never been utilized is almost incomprehensible.

The use of electricity in the treatment of disease at the present time may be likened to the groping of an experimentalist without a theory; it may be regular, but unfortunate. It is to be hoped that the explanation describing electricity will make possible the proper application of this force.

The increase or diminution of the abnormal magnetic saturation of a diseased organ by the proper application of electricity, will often afford relief when all other treatment has proved of no avail. The diagnosis of cases of this type will be much facilitated by the use of the electroscope, of which more hereafter.

The productions by means of mechanical apparatus of those forces, capable of producing sympathetic oscillations in the nucleolini of the gray nervous tissue cells of the brain, will enable the physician to combat many of those forms of nervous disease which at present resist all treatment, and will relieve the members of the profession of the odium that comes of the use and abuse of hypnotism in practice. As yet, but little has been accomplished in this direction, but the simplicity of this system of physics enables us to mark out the line of procedure from analogy that comes of the experience gained in the manipulation of the grosser forms of matter.

Recently, the use of pressure in the treatment of certain diseases has been attempted in a crude way in New York and in Europe. Enough has been done to establish the fact that the increase

or lowering of the normal pressure by artificial means modifies the action of drugs, and is of value. Attention is called to the fact that almost every case of pneumonia occurring at an altitude of eight thousand feet above the sea level, terminates fatally unless the patient is removed to a lower level within twenty-four hours of the commencement of the attack. Again, at this altitude erysipelas almost inevitably occurs as an accompaniment of flesh wounds. These facts suggest the propriety of increasing the pressure in the treatment of those types of disease.

For the reason that the normal action of the organic cell must differ from and be discordant to the action of the organism of bacteria or bacilli known to be destructive to the organic cell, I claim that a proper application of the forces herein indicated will, without danger to the cell life of the organism, destroy the life of bacteria, and restoring the normal action of the cell of the organism whenever impaired thereby, solve the great problem of how best to treat those diseases that up to the present time have been inapproachable.

Briefly then, the use of one or more of the various forms of force as herein indicated in conjunction with a rational system of medicine will inaugurate a new era in the progress of science.

MEDICO-LEGAL CASES.

BY HENRY A. RILEY, A. B., LL. B., NEW YORK.

STARVATION CONTESTS.

THE starving contests which have been going on at various cities recently, have fortunately failed of attracting the general attention and patronage of the public, and as a result the meagre pecuniary returns will perhaps prevent many imitations.

One of the contests, in New York, has had the unusual result of the death of the successful faster and the insanity of one of his competitors. The first case, that of Stratton, was a sad one; after apparently refraining from food for forty-one days he ate a hearty meal and suddenly collapsed, requiring to be hurriedly taken to Bellevue Hospital for treatment. After two or three days he died and the physicians say of alcoholism rather than starvation, the inference being that stimulants were secretly given to him at the museum to keep up his strength.

In the second case the fasting was only kept up for five days, but that period seemed to be sufficient to bring on insanity, and the victim has been committed for examination.

PATENT-MEDICINES IN COURT.

The retail venders of patent-medicines have just escaped a great danger by the outcome of a Georgia suit. It seems that the proprietors of "S. S. S." had sold a large quantity of the compound, and when the buyer had a fire in his establishment injuring the medicine seriously, they applied for an injunction against any attempt to dispose of it further. The grounds alleged were that the vegetable substances composing the medicine had lost their curative qualities by the great heat, and that the trade-mark and business would be greatly injured by the use of such damaged articles. The proprietors did not go into particulars and inform the court what the substances were which made up the medicine and state how fire had injured them, probably for the reason that such publicity would injure the trade-mark and business much more than the sale of damaged bottles would. They confined themselves to generalities and for fault of definiteness in part, at least, they lost their suit. It will certainly be very hard upon a buyer who had innocently had his property injured by a fire, if he were to be prevented from getting what he could for damaged articles, by a rapacious vender who thought that his sales of original packages might be interfered with.

The Swift people ought to have bought up the damaged bottles if they were so afraid of them.

GLASS EYES AND MATRIMONY.

A very curious case was recently begun in the Court of Common Pleas of New York City which involves the right of a person to marry without first informing his wife that he has a glass eye.

The husband asks to have the marriage annulled, and alleges in his complaint that after the contract of marriage was entered into the "defendant refused to live with the plaintiff on the ground and for the reason that the plaintiff suffered from an infirmity, to wit, having an artificial eye, which she claimed she had prior to this time been unaware of." It would seem that the acquaintance between the parties could not have been of that character and continuance which is usually thought necessary for so important a contract as matrimony, or else that the artificial eye must be of very superior workmanship and be manipulated with extraordinary skill.

It might be well for the opticians to follow this case up and ascertain if their calling has taken a great stride forward in mechanical excellence.

THE SEVEN SUTHERLAND SISTERS IN POETRY.

We believe the seven Sutherland sisters are still combing their locks for the benefit of the New York public, although not with the publicity secured so easily some years ago. The following is the poetical version of the attempt to squelch them evolved by the editor of the *Albany Law Journal*:

"And then the seven sisters Sutherland
Who at an upper window took their stand
By turns, and combed their hair from morn till night
While people gazed and wondered at the sight,

As 'beauty draws us by a single hair,'
Much more these seven heads with locks so rare.
Soon clogged the narrow way to overflow,
And spoiled a statuary's trade below.
'Twas done to advertise their 'hair restorer'
And so the judge, who was no blind adorer
Of beauty, would not have the plea allowed
That 'twas the statuary drew the crowd,
And said this mermaid toileting must stop
Or be conducted further in the shop."

TRUSTS FOR THE CARE OF GRAVES.

In Rhode Island a bequest to trustees in perpetuity to keep in repair the graves of the testator and his sister has been held void, as being a bequest for a private not a public use and consequently not charitable. The opinion states that the general trend of decisions in the various states is in this line, although some text-books of authority state a contrary doctrine.

THE EAR OF LITTLE IMPORTANCE IN TEXAS.

In Texas the loss of an ear is not thought to be a "serious bodily injury."

The indictment was for aggravated assault, in the course of which the complainant's ear was bitten off. The jury had the pleasure of examining the ear, which was handed about for this purpose, but the loss was held not to be of much account and the defendant got the benefit of the doubt.

TOY GUNS VERSUS EYES.

In a recent Michigan case, a toy air-gun was responsible for the loss of an eye and a suit for damages.

The defendant bought for his son, a boy nine years old, a toy air-gun and some shot such as is used in these weapons; after the shot was expended, the boy's mother bought more for him without his father's knowledge.

Another boy found the gun standing within the outside door and asked the defendant's wife for some shot which she gave him.

He then went out near a street which was much frequented and fired at a board. The shot glanced and struck the plaintiff in the eye destroying it. Under these circumstances the court held that the defendant was not liable.

PROPOSED MEDICAL PRACTICE LAWS.

Practitioners in Connecticut, Maryland and Ohio have been preparing bills regulating the practice of medicine in those states, and they will be presented at the sessions of the legislatures soon to convene. If they could by previous conference be made satisfactory to the different schools, it would be a great stride forward in unifying the profession.

DUELLING IN ITALY.

In a recent article in the *Independent* on the "New Penal Code of Italy," there is an interesting paragraph showing how duelling is regarded in that country.

The writer says: "The degree of enormity ascribed to certain crimes illustrates the moral standards of the Italian people. Thus the chapter on duelling carefully grades the guilt of him who challenges or accepts a challenge or takes part in a duel by noting who is in the wrong in the original dispute, whether a grave insult has provoked the accused, whether the seconds have tried to reconcile the principals, whether the weapons were fair and equal and whether the combatant fought for himself or as a proxy for a friend."

All these circumstances are reckoned in the penalties denounced, but in every case the penalty is very mild as compared with that of our own law. Thus, if a man wantonly provoke a neighbor by gross insult and then kill him, according to the received "Code of Honor," his highest sentence is "detention" for seven years, while the man who, under grave provocation, challenges his enemy, is free from legal blame, and if he kill him may escape with sixteen months of this mild imprisonment. The discussions of this chapter show that Parliament wished to suppress duelling, but was helpless to render the practice infamous or punish it severely in the face of public sentiment.

HOSPITAL WORK ON WARD'S ISLAND.

By G. T. Stewart, A. M., M. D.,
Chief of Staff, Ward's Island Hospital.

DURING the past eighteen months there have been 197 surgical operations in the male and female wards, of which the following are a portion: Oophorectomy, 2; laparotomy, 3; amputation of thighs, 4; amputation of legs, 3; amputation of foot, 1; amputation of toes, 7; amputation of fingers, 9; trachelorrhaphy, 4; perineorrhaphy, 6; circumcisions, 7; removal of breast, 2; tracheotomy, 1; resection of metacarpal bones, 1; Reed's method for aneurism in popliteal space, 1; ligation of femoral artery, 1; herniotomy, 1; trephining for pressure, 1; wiring tibia, 1; multiple ligation of varicose veins, 2; suprapubic cystotomy, 1; tenotomy of external rectus of both eyes, 1; operations for ankylosis, 3; curetting uterus, 2; canthotomy, 1; operation for encephaloid of breast, 2; removal of epithelioma, 2; removal of fibroid tumors, 2; operation for varicocele, 1; operation for mastoiditis, 1; dilatation of rectum, 2; double operation for ptosis, 1; formation of new stump by superinduced flap, 1; operation for inguinal hernia, 1; ligation of external carotid artery, 1; Van Buren's operation for prolapse of rectum, 2; operations for hæmorrhoids, 26; operations for fistulæ in ano, 10.

These 197 operations speak well for the work done in the hospital, as they constitute thirty-eight per cent. of all the operations performed during the past seventeen years of the hospital's existence. That the work was well done is shown

by the death rate—less than one per cent—due to operations. Was the hospital given better facilities to obtain acute cases, the showing would be immense in proportion to the number we have had. In order to appreciate the comparatively small number of operations, it is well to bear in mind the fact that we have no ambulance service and no connection with the city, except by boat twice a day from the foot of East Twenty-sixth street, where our proportion of cases are allotted by the superintendent or examining physician of the out-door poor. Most of our operations, therefore, are upon badly-treated patients, or those having diseases requiring surgical interference.

Among the autopsies I find a few which may be of general interest, in as much as they show certain complications:

Maria C——, age forty. In hospital four months and fourteen days. Died May 14, 1890. Autopsy, fourteen hours after death. Autopsy by J. W. MacLachlan, M. D. Rigor mortis was well marked; body emaciated; the sternum was forced out of place to a considerable extent.

On opening the thoracic cavity an immense dilatation was found at the junction of the transverse arch of the ascending and descending aorta, which contained anti and post mortem clots in large quantities. The aneurism forced up and absorbed a portion of the sternum. The heart, the aneurism and the clots weighed four pounds and two ounces; the anti-mortem clots alone weighed twenty-four ounces.

Pericardium was adherent; large amount of fluid in the sac; the cusps of the pulmonary valves were very close together; the ascending portion of the arch of the aorta was full of calcareous plates and atheromatous patches, with evidence of an old endocarditis in left auricle.

Mary K——, age fifty-eight. In hospital one year and eight months. Died June 2, 1890. Autopsy, June 3, 1890. Autopsy by J. W. MacLachlan. M.D. Rigor mortis was well marked; body emaciated.

The pericardial cavity was full of fluid blood; evidence of pericarditis; a diphtheritic membrane covered the entire heart; calcareous plates and atheromatous patches all through the aorta.

An aneurism of the ascending arch of the aorta was found that contained a large anti-mortem clot; there were calcareous plates around the left coronary artery and atheromatous patches around the right; the cusps of the mitral valves were shortened and granular; the chordæ-tendinæ was lengthened. The heart, the aneurism and the clots weighed forty ounces; the heart without the clots weighed twenty-six ounces, with only a slight dilatation of right ventricle.

James M——, age sixty-two. In hospital twenty-three days. Died September 14, 1890. Autopsy, September 15, 1890. Autopsy by J. W. MacLachlan, M. D. Rigor mortis was well marked; body emaciated.

The left lung weighed thirty-three ounces; had passive congestion in the upper lobe and a secondary encephaloid carcinoma of the peri-bronchial lymphatic ganglia; the same condition was found in the lower lobe, except the tumor had undergone cheesy degeneration. The tumor in the upper lobe was the size of a hen's egg; that in the lower of a goose's egg.

The pancreas was markedly adhered to the posterior walls of the abdomen, and had cancerous nodules throughout. The liver weighed 128 ounces, and was filled with both large and small nodules, varying from the size of a hen's egg to that of a pin's point; the surface had a marked spotted appearance, showing the cancerous growths. Cancerous nodules all through the parietal peritoneum.

Ellen C——, age thirty-nine. In hospital two months and twenty-seven days. Died June 3, 1891. Autopsy, June 4, 1891. Autopsy by H. W. Foster, M. D. Rigor mortis was well marked; body emaciated; skin yellow; both breasts had been amputated for cancer; there was a secondary ulceration of left breast and a cancerous degeneration of the glands in both axillæ; there were also cancerous nodules all over thorax; the left arm was œdematous from shoulder to lower third of forearm, from which serous fluid escaped on incision.

The left lung weighed fourteen ounces, was adhered to chest walls, and had a cancerous nodule in apex; the right lung was also adhered, and had a small cancerous nodule in upper lobe. The liver weighed fifty ounces, and was filled with large and small cancerous nodules, varying from the size of a hen's egg to that of a pin's head. The omentum was covered with nodules; cancerous degeneration of broad ligaments. The ovaries were both cancerous.

Thomas F——, age forty. In hospital two days. Died August 27, 1891. Autopsy, August 28, 1891. Autopsy by J. Arschagouni, M. D. Rigor mortis was well marked; body well nourished; abdomen greatly distended; diaphragm was greatly distended and forced upwards. The liver weighed 114 ounces, was very hard, and was covered with white and pink spotted nodules. On section it showed a mass of cancerous growths, varying from the size of a hen's egg to that of a hickory nut; the edges were nodulated. On the surface the serous covering involved was white and thickened at those places where it formed over the cancerous nodules, and particularly where those nodules presented a cicatricial-like depression. The mesenteric glands were hard and black. The intestines were greatly distended with gas, and contained diarrhœtic stool. There was a cancerous band at the sigmoid flexure, around and almost obstructing the descending colon, leaving a lumen through which only the index finger could be passed.

Fanny S——. In hospital twenty-five days. Died July 21, 1890. Autopsy, July 22, 1890. Autopsy by J. W. MacLachlan, M. D. The rigor mortis was slight; the body was fairly nourished; the breasts were undeveloped. The examination of the abdominal cavity showed the bladder to be absent, and the lower part of the omentum slightly adhered to the abdominal walls in lower portion of hypogastric region.

The uterus and appendages, ureter and kidneys, were removed together. A double vagina and a double uterus were found, with a separate os and fallopian tube for each horn of the uterus. The long axis of the vagina was transverse and about one and one-quarter inches long, and that was divided by a septum. The depth of the vagina on each side of septum was one inch. The labia majora and minora and clitoris were absent. The transverse diameter of the anterior superior spine of the ileum was ten inches; symphisis pubis did not meet by five inches; from anterior superior spine of ileum to spine of pubis was five inches; transverse outlet of pelvis was six inches; circumference of hips was thirty-three and one-half inches. The ureters were normal in length. The right ureter was greatly distended, being about one inch in diameter; the left ureter was about one-half inch in diameter. The outlet of the ureters were either side of vagina and about one inch above it, and were about two inches apart.

The right kidney weighed six ounces. The capsule was adherent; the kidney was filled with a number of small abscesses and a large quantity of pus; the left kidney weighed three ounces; capsule adherent; the center was about one inch in circumference; there were several small abscesses in pelvis.

Frank R——, aged forty-five. In hospital two months and fifteen days. Died July 12, 1891. Autopsy, July 13, 1891. Autopsy by Wm. Pitt Baldwin, M. D. The rigor mortis was marked; great emaciation of the body; the incision made for supra-pubic cystotomy was closed, except a small opening left for catheter, over which the integumentary epithelium had extended. Section shows the tissue of recti abdominis dark colored and offensive, having appearance of gangrene. The liver was decidedly enlarged, firm and confined almost entirely to the right side of abdomen, there being but a trace of the left lobe to be found. The gall bladder was greatly distended. The intestines were very pale and friable.

The left kidney weighed seven and one-half ounces, was large and flabby. A section showed surface pale, with substance friable, pyramids well defined and fatty degeneration in cortex. In isolated spots were found evidences of congestion and a beginning inflammatory process. The left ureter was normal. The right kidney weighed seven ounces. Surface was nodulated, the nodules appearing soft and fluctuating, as though filled with fluid. Section showed capsule non-adherent, the cortex remaining on the two extremities of the kidney only, while the medullary portion was entirely displaced by multiple abscesses of various sizes, some of which contained pus, others cheesy matter. The pelvis was full of pus, and showed a long-standing pyelitis. The right ureter appeared as a tough, fibrous cord, almost calcareous; when opened it presented evidences of chronic inflammation, and was covered with a very offensive pus; walls very thick, and devoid of all elasticity. The bladder was retracted, walls thickened and friable, so as to be readily penetrated with the finger, dark brown in color, and at the urethral orifice was found a large amount of granulating tissue. In the *trigonum* was an opening connected with a sinus in the pelvic connective tissue, from which a large amount of pus was forced on pressure.

The condition was that of a consecutive pyelonephritis from gonorrhœa.

From May 1, 1890, to November 1, 1891, we have treated 6,482 patients, with a death-rate of 5.90 per cent.; but of this number 602 were suffering from phthisis, and of this number we discharged 390 improved and lost 212. If a deduction of these 212 cases is made from the total number of deaths, our death-rate would be reduced to 2.62 per cent. In the erysipelas wards we have treated 116 cases without losing a patient by death. During the past sixteen and one-half years we have lost but thirty-four patients from erysipelas.

CLINIQUE.

CHANCROIDAL INFECTION OF THE OS DURING LABOR.

By William Pitt Baldwin, M. D.,
House Surgeon, Ward's Island Hospital, New York.

A CASE lately in this hospital presented so many interesting features that, although not of a nature to be frequently met with in private practice, it may prove of interest as showing what may occur.

The patient was a girl of eighteen, pregnant about seven months when she entered, having a very severe specific vaginitis complicated with chancroids which had nearly encircled the vulvar orifice. So extensive were these that the whole pudendum was greatly swollen and so sensitive that the most careful manipulation caused great pain. The perineal body was badly eroded, while the right nympha was detached for about a quarter inch at its lower extremity. As local treatment, the ulcers were cauterized with deliquesced carbolic acid and a warm douche of bichloride, 1-5000, was given daily. With this treatment her condition was rapidly improving, when she unex-

pectedly miscarried toward the end of her eighth month. The labor was normal other than that on account of exhaustion of the mother. Forceps were used, as a result of which, together with the inflamed and diseased condition of the tissues, she sustained a slight perineal tear, together with a farther separation of the right nympha. A slight laceration into the clitoris through the vestibule caused a profuse and persistent hemorrhage. These were readily sewed up with silkwormgut and the patient dressed in the usual way. During the second day she had absolutely no fever, but on the third her temperature began to rise falling somewhat during the night. There were no offensive lochia and no suppression, while the patient felt perfectly well and had experienced no chill. On the following day, as her fever still continued, she was given a thorough intrauterine douche, but nothing came away which was abnormal and this was administered three times daily thereafter. In spite of this treatment her temperature climbed higher day by day until on the twelfth day a maximum of 105.6° was reached. She had been on *veratrum viride* and *phenacetin* with *sulpho-carbolate of soda* all this while, but now she was given *ferrum phos.* and her bed changed to a quieter and more airy division of the ward.

On the following day her fever was very much less, and never again, except on one or two days, did it exceed 102°, although it was not normal until six weeks after her confinement. During all this time she was in excellent spirits, felt well, except for thirst, had a fair and at times almost ravenous appetite, slept well, and in fact was quite comfortable. On the fourth day the cervix presented a very peculiar condition, appearing swollen and black, in fact almost gangrenous. On the sixth day shreds began to come away, until it seemed as if there could be no cervix left. This process gradually decreased, however, and in about ten days the cervix became perfectly clean, although very ragged in appearance, and soon began to heal. For some time a very profuse endometrial discharge existed which was at times almost purulent. By the fourteenth day the sutures were removed as primary union had been obtained and the ulcers rapidly healed. At no time was it possible to detect any tenderness of the uterus or its appendages, so that the conclusion was arrived at that, in spite of antiseptic precautions, she had experienced a chancroidal infection of the os, to which we must attribute the fever, and that we did not have a genuine case of puerperal fever. The temperature presented a peculiar feature, in that it attained its daily maximum at about 5 P. M., when it fell until 11 P. M., reaching its minimum, and again began to rise. Twice it fell to normal at about 11 P. M., while during the day a maximum of 102-3° was reached.

A MASKED DIAGNOSIS.

A woman giving the history of a fall resulting in an injury to her hip was brought in on a stretcher. When put to bed and examined, she presented a large red swelling just over the trochanter of the left femur, shortening to the extent of one and three-quarter inches, adduction of the whole leg with a slight inversion of the toes. Upon manipulation no crepitus was obtainable, nor could the head of the femur be felt out of place. In addition, she allowed of a large amount of motion at the hip joint. The case looked very like a contusion, superadded to an old fracture of the neck, but she stoutly denied any previous history of traumatism. Temporarily, a Buck's extension was applied, and on the following day another attempt was made at diagnosis with the patient on the table, but in this we failed. Much against her wish, it was decided to etherize her on the following day and make another attempt. From the table to her bed she was conveyed on a stretcher, and had no sooner been placed therein than she jumped up, dressed herself, and began to run around with the apparatus, minus the weight and pulley, still attached to her leg. She had a manifest limp, due to the shortening, but denied having any pain, and gave then the history of an old fracture three years previously, thus solving the mystery, as well as clinching the diagnosis.

CLINICAL CASES.

BY F. H. PRITCHARD, M. D., NOWALK, OHIO.

PUTRID CARDIO-SENILE METRITIS.

DR. SEVRAT, surgeon to the Charité Hospital, in Lyons, France, has observed in old women, suffering from organic heart lesions, mitral insufficiency, degeneration of the myocardium with intermittent pulse and œdema of the ankles, a particular form of metritis with fœtid secretion, which may easily be confounded with cancer, where nothing but the symptoms are taken into account. This state, which he proposes calling putrid cardio-senile metritis, does not seem to be so very rare as the writer has seen several cases in the course of a few years. Its clinical characters are as follows: Women, who have long since passed the menopause and in their 55th, 65th, or even the 72d or 75th year, begin to experience the usual symptoms of metritis, added to which is a bloody and fœtid discharge as in epithelioma. One thinks of a cancer but on examination one remarks the absence of indentation and the characteristic ulcerations of epithelioma. The vagina, irritated by the discharge, is crossed by soft and friable bands. The uterus is movable, its cervix is intact and the culs-de-sac free. On physical examination one finds the signs of an organic af-

fection of the heart and a cachectic state, due to autointoxication from retention of the discharge in the vaginal pockets. This form of metritis, whatever be its relation to the heart-disease, is easily cured by disinfection of the vagina and curetting of the uterus.

The writer first breaks up all adhesions in the vagina; makes daily injections, for several days, with a ten per cent. solution of the permanganate of potash into the cervix, through a speculum, as well as vaginal injections of a solution of corrosive sublimate. During the intervals an iodoformized tampon is placed in the vagina. When the vagina and uterus are rendered sufficiently antiseptic he dilates, curettes the uterine cavity, after a preliminary intrauterine injection with a corrosive sublimate solution, irrigates again, cauterizes the interior with chromic acid, insufflates iodoform and introduces an iodoformized tampon.

THE SPINAL MANIFESTATIONS OF GONORRHŒA.

Drs. Spillmann and Hanshalter add two cases to those recently published by Prof. Hayem, of Paris, France, to whose works we chiefly owe our present knowledge of this rare complication of gonorrhœa.

Two young women, who were suffering from gonorrhœa during the last months of pregnancy, presented the following symptoms: Very painful disease of the knee-joints, lancinating pains, formication, profound and painful hyperæsthesia of the lower extremities, rapid atrophy of the muscles, paraplegia, trophic disturbance of the skin as, œdema, lichenoid and squamous condition of the skin, sacral eschar, but without affecting the sphincters. After delivery the symptoms remained acute for several weeks; then the painful disturbances and cutaneous trophic phenomena disappeared, while the joint disease with a certain degree of muscular atrophy persisted. Whether the disease be a meningo-myelitis due to the gonococcus or its toxine or a polyneuritis attacking secondarily the spinal cord is difficult to decide. Pregnancy seems to predispose, at least.

THE CURE OF GASTRIC ULCER.

By F. P. Warner, M. D., Canandaigua, N. Y.

HAVING noticed in the Times of December an abstract on gastric ulcer cured by "diet of ice cream, by Prof. J. M. DaCosta," and also having read of late of a similar case in some other journal, I note the following:

Miss M——, aged thirty-eight, came under my care about two years ago, suffering with intense pain in stomach after eating, and with severe vomiting spells. These things she had suffered with for about two years off and on, and had been treated by others until her family physician said that he could do no more for her.

An examination over the stomach showed a thickening and hardness in nodules about the pylorus, and on consultation with Dr. C. it was decided that the trouble was probably a schirrus condition of the pyloric orifice and prognosis bad. After treatment with all known remedies and food prescribed by enemas per rectum and pain, and vomiting not relieved but increasing, the family were told that patient could not live but a short time.

Finally, as the hunger was intense and bowels rejecting the food, the writer suggested their trying a little ice cream which was done. The first given was retained on stomach with no increase of the pain. This, then, became the only article of diet, and patient gradually increased the quantity of it till she took as high as three and four quarts during the twenty-four hours. This was the only article of food for fifteen months, patient gradually improving until now, the thickening and hardening has all disappeared and she can now take other plain articles of food as bread, vegetables, meats, etc. When the diet of ice cream was begun, patient was cadaverous, emaciated and confined to bed. Now she is plump, strong, doing a good deal of work and gained about thirty pounds. The ice cream was made at her own home of good fresh unskimmed milk, each day's allowances containing from six to eight eggs, very little sugar, and flavored with anything to suit her taste, as vanilla, lemon, bannanas, peaches and different kinds of berries, etc.

The Galvanic current was used in the meantime over pylorus twice a week. Any extra distress from over fatigue or over acidity of stomach as would occasionally occur, was relieved by the stomach tube, working it out the stomach with hot water.

BRIEF PRACTICAL POINTS ON SOME FORMS OF SURGICAL DISEASES AND INJURIES USUALLY IMPROPERLY TREATED.

By M. O. Terry, M. D., Utica, N. Y.

CARBUNCLES should never be *poulticed*, as it softens the tissues and encourages the process of the dissemination of the fermentive germ which produces heat, redness and swelling.

Treatment: Circumscribe the carbuncle, or boil, with *collodion*, applying several coatings of it from the periphery to the center, leaving an opening one-fourth of an inch in diameter. Inject about twenty drops of a solution of the following: Carbolic acid drops, twenty; glycerine drachams, one; aqua dest. d., three. Pass the hypodermic needle into the open center, having first made a crucial opening, and send the needle well toward the periphery; pass it in four or five different directions. Your patient will leave your office comfortable, for the *microbes* have been

put to *rest!* This treatment repeated two or three times saves the patient months of suffering; in fact, within *five days* your patient is discharged; he is grateful until you present your *bill!* Any antiseptic dressing, such as a cerate of eucalyptol, will do.

P. S.—I have recently added two grains of cocaine to this solution. It is perhaps a notion of mine that *butter* and *beef* should be omitted until boils and carbuncles have disappeared.

Enlarged Prostate.—Give five to ten grain doses of muriate of ammonia three times a day. ℞. Ammonii chloridi oz., ½; syr. aurantii cort. oz., 4. Sig. A teaspoonful in half a glass of water, t. i. d. You will be surprised at the results obtained if you will continue the treatment as long as three months. The patient will be grateful in the historical way.

Sprained Ankle.—Nothing like hot water and the rubber bandage. The hot water soothes lacerated ligaments; the rubber bandage prevents swelling, and, what would follow, ankylosis. Liniments worse than useless.

Ingrowing Toe Nail.—Surgeons and chiropodists the world over continue to tear off the outside of the offending nail. The fashionable shoe has given to the world the ingrowing toe nail. Surgeons—one would think from the barbaric treatment given to these victims of fashion—believe in regard to the big toe the Creator made a mistake! that he should have ordained the nail *narrower!* thus they remove it without remorse or compunctions of conscience. Do not humiliate surgical art by ever repeating this absurd operation.

Treatment: Pack the side of the nail with absorbent cotton soaked in the following: ℞. Liquor potassæ drachms, 1; sol. of cocaine (four per cent.), dr., 3. The object of this is to soften the hypertrophied redundant tissue; pressure will absorb it. Paint it many times with collodion, and apply very narrow strips of surgical plaster in such a way as will draw the tissue away from the nail. A few treatments will bring about a *natural* result. Instruct the patient never to cut the nail off at the side, but allow it to grow out so that the corner of the nail can not enter the side tissue. If the case on coming to you is ulcerated, destroy the pus with a strong solution of peroxide of hydrogen before doing anything. Dress the toe every day for the first three days, after which you can give instructions for home treatment or extend the interval.

I have given you the practical observations of years, and hope your success will be equal to mine.

Medical Education.—The time a medical student has to spend in college is: Austria, five years before obtaining his degree; Belgium requires eight, Canada four, Denmark seven, England four, France four, Holland eight, Hungary five, Italy eight, Norway eight, Portugal five, Russia five, Spain two, Sweden ten, Switzerland eight, and the United States three or four.—*Current Literature.*

DIETETIC THERAPEUTICS.

Milk Diet (M. P. Carles, *Répertoire de Pharmacie*, Aug. 10, 1891).—A diet composed of milk, either alone or associated with bread and a few other farinaceous articles, has been recommended by physicians in certain cases from very early times; indeed, some say that it is as old as medicine itself. According to good authorities, however, it has never been so highly esteemed as at the present day, and has produced such excellent effects in diseases of the heart, of the kidneys and of the digestive organs, that it would be resorted to still more frequently, but for certain popular prejudices concerning it.

Patients themselves, as a general thing, have no insurmountable aversion to living on milk; it is their friends and attendants who are opposed to its exclusive use, on the mistaken ground that this will lead to starvation—in the case of adults, that is, for it is admitted to be very suitable for children. When it is urged that milk is the chief of animal aliments, that it is a complete food in itself, uniting in due proportions all the nutritive principles required by each of the organs, and that nothing is more digestible, they regard these arguments as unsound, and are still convinced that no other diet, for grown persons at least, can replace that to which they are accustomed, of bread, meat and vegetables.

In view of these conflicting ideas on a very important subject, we have been requested, both by practitioners and invalids, to point out the nutritive value of some principal foods, and compare it with that of a daily ration of milk, in order, if possible, to convince the refractory by a mathematical process. Accordingly, we present the following estimates:

White Bread.—Common white bread, twenty-four hours old, contains, on the average, per loaf of 2 kilograms; water, 34.00; gluten and albuminoids, 9.50; starch, 54.50; mineral phosphates, 2.00. Total, 100; that is, 66 per cent. of nutritive substances.

Meat.—Meat, raw or recently cooked, without bones, tendons, fatty tissue, or anything, in short, not generally eaten: water, 75.00; fibrin and albuminoids, 15.00; interposed fat, 4.00; mineral phosphates, 6.00. Total, 100; that is, 25 per cent. of nutritive substances.

Vegetables.—Dried peas, beans and lentils contain, on the average; water, 11.00; legumin and albuminoids, 25.00; starchy and fatty matters, 58.00; mineral phosphates, 3.00; cellulose, 3.00. Total, 100; that is, 86 per cent. of nutritive substances.

Milk.—Cow's milk, whole, consists of water, 86.70; casein and albumin, 3.60; butter, 4.00; sugar of milk, 5.00; phosphates, 0.70. Total, 100; *i. e.*, 13.30 per cent. of nutritive substances.

According to Dumas, a healthy man, of good appetite, should consume per day, 154 grams of carbon and 23.5 grams of nitrogen. Reckoning on this basis, a cavalry soldier requires the following daily allowance:

Fresh meat, 125 grams; ammunition bread, 750 grams; "pain de soupe," 316 grams; leguminous vegetables, 200 grams; containing nutritive principles in the following proportions:

1.	Albuminoids in the meat	18.75
	" " bread	545.00
	" " vegetables	50.00
	Total	666.00

Now, milk contains, in each liter, 36 grams of dry albuminoids and 90 grams of butter or sugar, whence it follows that 4⅛ liters of milk (36×4.5=162) would furnish 162 grams of pure albuminoids, *i. e.*, about the same proportion as is contained in the ration of a French cavalryman, as given above.

But these 4⅛ liters of milk would not suffice to make up

the 666 grams of starchy matters. This would require, in round numbers (90×7—630) 7 liters of milk, a quantity easily assimilated by a dyspeptic, and which we have known to be taken, for months together, by invalids whose size would have placed them among the infantry.

So much for the arithmetic of the question. The foregoing estimates, however, can only be regarded as absolutly correct on the assumption that the albuminoids, the starch and the fat contained in the several foods we have just examined, are of the same nature, equally digestible and of equal nutritive value. Now this is very far from being the case. On the other hand, if we admit the physiological axiom laid down by Bouchardat—that *it is not what is eaten, but what is digested, that affords nourishment*—then it can easily be shown that, when the system has become accustomed to it, milk, taken in prescribed quantities, is actually more nutritious than the mixed diet with which we have compared it.

When a healthy soldier has consumed his portion of the various articles enumerated, each of them has to undergo a protracted elaboration in the stomach and bowels. This finished, all the meat and most of the vegetable albuminoids will perhaps have been digested, but certainly not all the bread, still less all the peas or beans. In order that the latter may be digested, they must be thoroughly dissolved and transformed into sugar. Now this transformation, in their case, is *never* complete. However well cooked and divided, a considerable portion of their starch, in its investment of cellulose, always escapes the process.

Intelligent readers who may question this fact, are reminded that herbivorous animals always pass a larger amount of feces than carnivorous, and similarly, that a healthy man usually has but one daily evacuation, if meat is his principal food, while vegetarians have two.

In the case of milk, the digestive process is greatly simplified. When this food reaches the stomach, a selection of its directly nutritive principles immediately begins; the albuminoids and butter solidify and coagulate, while the sugar, remaining dissolved in the whey, passes into the bowels, and may there be at once absorbed, unchanged, to be ultimately employed as respiratory aliment. This absorption involves no waste of nutritive substance. Meanwhile, the albuminoids are peptonized and absorbed, also, it may be said, without leaving any residuum. The same is true of the butter, and even to a greater degree, since it is the most digestible of all the fatty bodies. Yet it is owing to this constituent that some patients, whose pancreatic digestion is impaired, can not tolerate a diet of milk unless it has been skimmed. But whenever it is well-borne, the amount of intestinal *débris* which is left after its digestion, is trifling in amount and even foreign, in some degree, to its very nature. This lately ascertained fact corroborates what has been shown by the preceding figures, *viz.*, that a few liters of milk afford more nourishment than the mixed army ration.

To complete our argument, we transcribe the following tables, which, we trust, will bring conviction to the most sceptical:

A child brought up on milk alone, and weighing at birth 3,300 grams, will gain in weight as follows:

During the 1st three months		23.35 gr. daily.	
" 2d "		18.35	"
" 3d "		13.5	"
" 4th "		8.00	"

Making the increase of weight during the first year about 6 kilograms.

During the 2d year the increase in weight will be about						2 k.,	000 gr.
" 3d	"	"	"	"	"	1 "	200 "
" 4th	"	"	"	"	"	1 "	700 "

Making, up to 5 years, a total increase of 12 k., 570 gr.

From the 5th to the 10th year the *increase* will be						8 k.,	750 gr.
" 10th " 15th "			"	"	"	19 "	100 "
" 15th " 20th "			"	"	"	16 "	440 "
" 20th " 25th "			"	"	"	2 "	870 "
" 25th " 30th "			"	"	"	0 "	720 "
" 30th " 40th "			"	"	"	0 "	000 "
" 40th " 50th "			"	the *diminution*	"	0 "	210 "
" 50th " 60th "			"	"	"	1 "	580 "
" 60th " 70th "			"	"	"	2 "	420 "
" 70th " 80th "			"	"	"	1 "	680 "
" 80th " 90th "			"	"	"	0 "	000 "

This shows that *bodily growth is most rapid* during the first year of life, *when the infant's sole nourishment is milk.*

In the face of all this evidence, it is surely unreasonable to deny that an exclusive diet of milk, besides sustaining life, would amply suffice for the requirements of growth and labor, even to the thirtieth year.

Milk Diet for Scurvy.—Tschelzoro considers an absolute milk diet a specific for scorbutus. He begins with about four glasses of milk a day, and increases this quantity at the rate of a glass every day or two.

Hygienic Treatment of Obesity.—Cheron (*L'Union Méd.*, May 21, 1891) gives the experiments by different operators which go to prove that the fat of the organism is derived from the fat, the albuminoids and the hydrocarbons of the food. He details at length the regimen of numerous authors. The Banting treatment which, as is well known, consists in an increase of the albuminoids with decrease of fat and hydrocarbons, with as little liquid as is possible, is considered efficient but very debilitating, and is compared with what the author designates as the physiological treatment of G. Seé, which consists of four ounces of nitrogenous foods, with nine to eleven ounces of lean meat and albuminoids, three to six ounces of neutral fats, ten ounces of hydrocarbons and ten ounces of sugar. Liquids are increased, but alcoholics, especially beer, are forbidden, and their place is taken by coffee and tea. He recognizes, as equally important with the food, exercise. A gymnastic exercise especially recommended for those with pendulous abdomens is to stand with the back straight against a wall, at the same time the arms are raised to the side of the head, describing a semicircle upward and backward. He considers this more efficient than walking.

In the anemic obese, he advises great caution as to the amount of exercise allowed. It is necessary to accelerate the assimilation of the food. This is done by cold baths, frictions and salines. The medical treatment consists of purgatives and alkalines. Small doses of iodide of potassium are very useful.

He finally divides the obese into two classes—the vigorous and the feeble. The former are treated vigorously and the latter more carefully. When the patient is past forty years, has a degenerated heart, or is anemic, the vigorous cure has an enfeebling effect on the central circulating organs, which is the chief source of danger.

Experiments on the Dietetic Use of Fat (Prof. N. Zunz, *Therap. Monatsh.*).—Fat being the most concentrated of all our alimentary substances, and its digestion being performed at a very small expense of force, it is to be concluded that fat should be an excellent means of raising weakly persons in their nutrition. Unfortunately fat, when taken in notable quantities, easily impairs the stomachic digestion and it was necessary therefore to find a modification of fat which would, especially by facile emulsiveness, remove this drawback.

The investigations of various scientists, especially Buchheim's, have demonstrated that in this respect a moderate proportion of free fatty acids constitutes an important condition for the easy digestion of fats.

The author was informed recently by Prof. Von Mering that he has succeeded in reducing the fat of chocolate to a condition of facile emulsiveness without impairing its savor, and that he thought he had discovered in this preparation a succedaneum for cod-liver oil and similar dietetic fats which seemed to be as agreeable as efficient.

The author performed a series of investigations and feeding experiments on a dog who was given pure cocoa-butter, then cocoa-butter with addition of oleic acid, finally cocoa-butter mixed with neutral olive-oil.

It was found that the addition of free fatty acid had increased the digestibility of fat, especially of cocoa-butter, in a considerable proportion, *i. e.*, that in this case very little fat was discovered in the fæces, while the addition of olive-oil was without influence.

It remained to examine whether also in man the cocoa-butter containing an abundance of fatty acids, present in the chocolate referred to, would be of easy and nearly complete digestibility.

For this purpose the author performed the necessary experiments on his own person by first ascertaining the quantity of prepared chocolate he could take without molestation, eating at the same time meat and bread in sufficient portions to fully cover the alimentary requirements of the organism.

The alimentation thus determined and uniformly taken for three days consisted daily of: 416 grm. chocolate, 390 grm. white bread, 158 grm. lean roast beef from which all visible fat had been removed, and 15 grm. sugar.

In this combination the quantity of alimentary substance was much more than needed by a man of sixty-seven kilograms in weight and of little muscular activity, as the author.

Examination of the fæces produced showed 13.25 grm. of fat. Consequently the average daily secretion of fat had been 4.416 grm. (4.88 per cent. of the 90.46 grm. of fat daily ingested).

This proves that the fat of the chocolate had been taken up in an excellent proportion.

It has to be noticed that the chocolate, in spite of its large quantity, was very well supported and taken without repugnance.

Meat-Making in the United States.—Meat (*Prof. Atwater, in The Century for November*) is a manufactured product for which a large amount of raw material is required. The manufacture of meat is a process of transforming the vegetable protein, fats and carbohydrates of grass and grain into the animal protein and fat of beef, pork and mutton. The same principle applies in the production of milk, eggs and other animal foods. In the most economical feeding of animals it takes a number of pounds of hay or corn to make a pound of beef or pork. In other words, let the farmer make animal protein and fat from vegetable materials in the best way he can, and still he must consume a large quantity of soil-product to produce a small amount of animal food. Hence animal foods are costlier than vegetable. This is the simple explanation of the fact that in most parts of the world meat is the food of only the well-to-do while the poor live almost entirely on vegetable food. Thus ordinary people in Europe eat but little meat, and in India and China they have none at all. It is hard enough for them to get the nutriment they need in vegetable forms. Meats they can not afford.

But meat-making in the United States to-day is far more wasteful than it need be, on account of the excessive fatness of our meats. This comes about very naturally. We have a great excess of soil product in the valleys of the Ohio and the Mississippi and on the ranches of the West. At present the pork-maker and the ranchman convert a large portion of this into very fat meat. The pork-producers of the great corn-growing States select the breeds of swine which, as they say, "will take the most corn to market," and have thus got into the way of growing animals that are little else than masses of fat. The beef-growers of the western ranches, and those in the East as well, produce excessively fat meat. Part of the fat is trimmed out of the meat by the butcher, part is left on our plates at the table to go to the soap-man or garbage-barrel, and part is eaten. Unfortunately very many of us eat much more fat, both in meat and butter, than is needed for nourishment, and thus do injury to our health.

Ale and Beef, manufactured by the Ale and Beef Company, Dayton, Ohio, is one of those preparations which jumped into popularity almost at once. The medical profession as a class are ready to welcome any new article that has merit. Ale and beef is a palatable combination of good ale and peptonized beef, and is not only an agreeable but mild stimulant, but possesses nutritive and tonic properties. The range of use for this preparation is very large: anæmia, loss of appetite, impaired digestion, convalescence from almost all diseases, etc., etc. All prominent wholesale drug houses now keep it in stock, so it is easy to obtain.

The Doctrine of Malthus and the Food-Supply of the Future.—The doctrine of Malthus regarding the future food-supply of the world and the ultimate starvation of a portion of the race has been greatly misrepresented, but even the most favorable interpretation is a gloomy one. Briefly stated the theory is that population increases in a geometrical and food-supply in an arithmetical ratio; and hence the time must come when there will not be food enough. Perhaps the simplest and most correct reply to this theory is that the assumption that the race increases and will continue to increase in geometrical ratio is not borne out by observed facts. The theory that the food-supply increases in only arithmetical ratio, and must ultimately reach its limit, is doubtless nearer the truth. But while there is a limit to the possible production of food, it transcends all the ideas that ever occurred to Malthus or to the people of his time. It has always been assumed that the capacity of the soil to produce plants is measured by what is popularly called its fertility—that is to say, the amount of production possible under ordinary conditions of culture. The science of to-day, however, shows this measure to be incorrect, and the practice of agriculture is already beginning to add its testimony to the same effect. And remarkable as is the story told in market-gardening, in the reclaiming of the desert and in irrigation, it is only the first chapter of a tale the already attested wonders of which almost rival those of the "Arabian Nights."

The fundamental mistake out of which grew the gloomy doctrines of the older theorists was in measuring the possibilities of production by what they knew of soil-culture. Science had not revealed to them that, aside from proper temperature and moisture, the essential factor in vegetable production is plant-food; that this may be given to the plant without the aid of the soil; that what they understood by soil-fertility is a comparatively unessential factor of agricultural production; that, in short, the possibilities of the food-supply in the future are measureless.—*Prof. Atwater, in The Century for November.*

Antiseptic Properties of Peroxide of Hydrogen.—Dr. Paul Gibier (*Med. News*) says:

I believe that the practitioner will meet with very satisfactory results from the use of peroxide of hydrogen, for the following reasons:

1. This chemical seems to have no injurious effect upon animal cells.

2. It has a very energetic destructive action upon vegetable cells-microbes.

3. It has no toxic properties; five cubic centimetres injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbian element is directly accessible; and it is particularly useful in the treatment of infectious diseases of the mouth and throat.

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THE WORK OF THE FUTURE.

A SYMPOSIUM of men and women eminent in the various departments of literature and science have presented in the January issue of the *North American Review*, at the request of the editor, their views of the best book of the year. Sir Edwin Arnold, from the standpoint of a poet and brilliant essayist, gives the palm to "La Bête Humaine," by Emile Zola, as being in all respects the most remarkable book of the year. The minute dissection of the novel by Sir Edwin is, to our mind, one of the most terse and vigorous specimens of English composition we have ever seen. Gail Hamilton says the most impressive book I have ever seen is the "Modern Iphigenia," a modern story by an English author. The work owes its power to no claims of style, no artistic grouping of details, no dramatic development of cause and effect, but to the deadly distinctness with which it reveals the sombre sacrificial fires of pagandom glowing on Christian altars. The book is not called the "Modern Iphigenia," but bears the dry legal title of the "Maybrick Case." It is vital, with unquenchable fire—that eternal revolt of the human heart against tyranny crushing helplessness which has lent passion to poetry, and stimulus to passion, and purpose to life, through all the ages of history, but which, in our day and our race, flames up against a tragedy which is an anachronism. Mrs. Repplier finds nothing so good in the literature of the year, in style, originality and suggestive thought, as a volume of essays by Oscar Wilde. Prof. Briggs, foremost among advanced theologians, thinks the Brompton lectures of Canon Chene the most important theological book of the year. Julien Gordon gives his verdict for Herbert Spencer's "Justice," and Dr. Hammond, the eminent teacher, alienist and novelist, who is supposed to speak for the medical profession, finds nothing in all his wide reading equal, in point of enduring merit, to the "Century Dictionary."

We hazard nothing in saying that all these books, selected by able thinkers and writers as the strongest and most enduring types of the various departments of literature to which they belong, will be forgotten in less than fifty years, or live only in memory or on the dusty book shelves of old libraries.

Even the "Century Dictionary," undoubtedly the most complete of any work of the kind ever published in any language, will, in the coinage of new words and changes of old ones made necessary by the progress of thought, be almost as much out of place as a lexicon of the English "pure and undefiled" of the Elizabethean age, and be valuable mostly as bricks and mortar in the construction of new buildings.

The exact knowledge brought out by the thousands of writers in the ever-increasing and widening domain of literature and science, and that alone, will be utilized in the future, and pass down from age to age in the great chain of demonstrated truth. But how little in all the works thrown from the press during the past year is there of new thought and demonstration of new principle? Old ideas and old facts are presented in different language and in new forms, with perhaps some little addition of exact knowledge, which may or may not point to different conclusions. We speak of the science of medicine, but medicine is certainly not an exact science, and it is doubtful whether, so far as therapeutics is concerned, it can be classed as a science at all. We get in our therapeutic studies very few, if any, such exact results, always the same, and admitting of no exception, as in chemistry and mathematics. If we combine two parts of hydrogen with one of oxygen, the product must be water. If we combine one part of hydrogen, one of nitrogen and three of oxygen, we always get nitric

acid, the union of the three elements in definite proportion giving us an intensely caustic acid. Thus, by the combination of elements in proportions, which have been carefully worked out in the laboratory, we get the various chemical compounds used in the arts, science and medicine. The result of the combinations must always be the same. But when these elements alone, as in mineral, vegetable or animal combinations, are introduced into the laboratory of the human stomach, there is no certainty of their action always being the same in every person. Chemical combinations may take place there, impossible, with the knowledge we now possess, for us to understand, and producing entirely a different result from the one intended. Cases have come under our observation where all the coal tar preparations used in medicine, phenacetin, antipyrine, antifebrine and others bring out to a greater or less extent, phenacetine most of all, carbolic acid, as distinctly shown by the breath and in the taste, and the effect produced, is not that expected of the drug given, but markedly that of carbolic acid. In other cases, such drugs as gelsemium, aconite and arsenic are either not tolerated at all, or fail to produce any effect. The action of all drugs depend upon certain conditions of the body, and we are never quite certain what those conditions may be. The action of aconite on the arterial capillaries and of belladonna upon the venus capillaries, of bryonia upon the serous membrane and digitalis or veratrum-viride upon the heart, are often interfered with by a re-arrangement of the molecules after they have entered the system in a manner utterly incomprehensible to us and in a way to change the action intended to be produced. In this uncertainty of the action of drugs, and in the fact that the ptomaine produced by the death of tissue and the re-arrangement of their molecules resemble, in chemical combination and action, the whole range of the most poisonous vegetable alkaloids, where is that certainty, that exactness of knowledge which will place therapeutics in the list of exact sciences? You stand by the bedside of the child under the grasp of scarlet fever. The symptoms are distinctly marked, and precisely, so far as the closest scrutiny can detect, what you have seen from the action of your drugs. There is apparently a perfect similarity, and yet the drugs have so little effect that the child dies before your eyes. Where now is your science? What positive knowledge have you of that subtle poison which is paralyzing the vital forces, or the certainty that the action of those drugs you rely upon to loosen its grasp will not be changed by a hundred forces in the system before they can have accomplished the work intended? Until we have that knowledge, that exact unfailing knowledge, of cause and effect, can it be said that medicine is an exact science, and that the keynote of a universal infallible law of therapeutics has yet been touched. Are we not still groping almost blindly in the dark lanes and alleys of the world, bringing out slowly, oh, how slowly, the atoms of truth shining like gold in the darkness, looking, hoping, working with unflagging zeal and active brain, for that light which will enable us to so understand the physics of the human system and of therapeutics as to evolve a law whose action, based upon exact knowledge, will uplift medicine from the field of speculation and uncertainty, and raise it to the dignity of a science? Each year is accomplishing something. Each year the thousands of thoughtful observers scattered throughout the world are bringing something to the slowly accumulating fund of exact knowledge. In wishing all our readers a prosperous and happy new year, permit us to hope that each one, by careful observation, will bring some mite of truth, however small, to the general fund.

FOUNDER'S DAY AT LEHIGH UNIVERSITY.

THE anniversary address of Mr. Charles Fitch was so full of terse and vigorous thought eloquently expressed, and appealing so strongly to a nobler life and a stronger manhood, that we can not refrain from giving below a most interesting paragraph:

"This is called an age of materialism, and the charge of an insensate worship of wealth is frequently preferred against it. Certain surface indications give apparent validity to the charge. The colossal fortunes that have been accumulated with marvelous rapidity during the last few years, some of them honestly and some of them fraudulently, uprear themselves in our commercial centers, seen of all men, magnificent in their dimensions, dazzling in their golden sheen. These piles, so huge and so conspicuous, attract the admiration of the multitude, careless of the menace which their proportions involve, and of the danger that their enormous weight may crush lesser accumulations and minor industries. Wealth, too, resolved into leisure, with jewels and equipages and stately mansions and lavish entertainments and all the luxury and self-indulgence it yields, erects social barriers of its own, more exclusive than those which caste enjoins, while envy lurks at its gates, and emulation vainly strives to enter them.

"There is, indeed, a glamour about wealth—

its tinsel and its parade—which may blind the thoughtless throng; but the steady common-sense, which creates the best public opinion, is under no delusion as to its intrinsic worth, and weighs it as dust in the balance as against scholarship. Such common-sense, well-informed and self-reliant, is not deceived by the show and vulgar pretense, which too often accompany wealth, especially that which is newly acquired, but it can appreciate the refinements and courtesies and beneficences, which may flow from its possession, and the avenues to improvement it may open. Nor shall there be lacking due acknowledgment of the resolute will, the sturdy endeavor, the unrelaxing toil and cheerful sacrifice that have fashioned from penury the fair edifice of fortune. The man is grander than the fortune. He made it. It is stamped with his individuality.

"More than all, we uncover in the presence of consecrated wealth. When I hear the cynic sneer at all wealth as mean and sordid and grasping, for the sake of grasping, I turn from his railing to see what some wealth has done in this land. I find it sensitive to suffering and open-handed to the prayer of indigence. I see it clothe the naked and house the homeless. At its behest, the new Chicago rises on the ruins of the old, fever-stricken Memphis is comforted and cleansed, and famine-stricken Dakota is fed. At its touch, alms-houses and asylums and hospitals are evoked. It has studded that broad belt of civilization, stretching from Plymouth Rock to Puget Sound, with colleges and universities, itself the chief artificer of the voluntary system which, independent of the largest of the State, informs higher education with Christian inspiration and directs it in Christian channels. It has crowned with honor the names of Amos Lawrence and Isaac Rich and Amasa Stone, and other benefactors of their kind.

"I feel that I am on hallowed ground, to-day. If those spots are hallowed from which cathedral arches have sprung, on which charters of liberty have been written, or heroes have been slain, surely this ground is hallowed, whereon this university stands, chaste in its architecture, with its comprehensive schemes of study, its generous invitation to its privileges, and the gentle supervision of that historic church, conservative in its polity, yet liberal in its communion, whose practice is decorum, whose liturgy is sublimity, and whose offices are consolation—the whole the realized conception of one who amassed fortune but to use it as the servitor of enlightenment and the almoner of beneficence. Straitened circumstances made work the lot of a bright New England lad. A boyhood passed in the labors of farm and shop, in his native State, opened into a youth, still forced to toil, but in the ampler air of a newer field—in this region, yet hiding in its bosom its abundant mineral resources, and waiting for the highways of steel that were to connect it with the marts of the continent. His own hands hewed the forest, tilled the soil and strung the roof-tree, plying also the trade to which they had been trained. Comfort and competence came with pluck, industry and frugality. Then the larger opportunities, which the larger vision saw and the larger skill utilized—extended traffic, with profitable returns, the lifting to the surface of the treasures beneath it, and the control of their transportation to the seaboard, first, by inland waterways, and next, by the railway, climbing the mountains, threading the defiles, and bridging the chasms, mainly at his will. Then wealth, as Dr. Johnson says, 'beyond the dreams of avarice,' but every dollar as honestly earned, as it was sagaciously anticipated. Meanwhile, civic honors—the ermine of the judge, the seat in the national councils, the preferment of his political friends for the chief magistracy of the commonwealth—through all, accompanied by the esteem of his fellows, for the acumen, the ardor, and the uprightness which united in his robust manhood. At last, the consecration, born of a sense of his own early privations, nurtured by his sympathies with aspiring youth, increased by his contact with supreme affairs, and refined by his conviction of Christian responsibility, of regal sums, to here establish and maintain a university, embracing, in its scope, both technical branches and the liberal arts. His tribute, the most munificent ever paid to the cause of education, by a single person, Johns Hopkins possibly excepted, was untrammeled by conditions or reservations. Not waiting for death to seal his deeds of gift—himself his own executor—he was permitted to see something of the fruitage of his own planting; and, in the fullness of years, Asa Packer passed onwards, leaving his name in everlasting remembrance, his memory exhaling rich and yet richer fragrance through the cycles of time."

DO YOU RIZZLE?—Do you rizzle every day? Do you know how to rizzle? One of the swell doctors in town says that it is the most wonderful aid to perfect health. "I masticate my food very thoroughly at dinner," he says, "and makes sure to have my family or friends entertain me with bright talk and plenty of fun. After dinner it is understood that I am going to

rizzle. How do I do it? I retire to my study and, having darkened the room, light a cigar, sit down, and perform the operation. How to describe it I don't know, but it is a condition as nearly like sleep as sleep is like death. It consists in doing absolutely nothing. I close my eyes, and try to stop all action of the brain. I think of nothing. It only takes a little practice to be able to absolutely stifle the brain. In that delightful condition I remain at least ten minutes, sometimes twenty. That is the condition most helpful to digestion, and is that which accounts for the habit animals have of sleeping after eating. I would rather miss a fat fee than that ten minutes rizzle every day."

TUBERCULOSIS.

A FEW weeks ago we stood by the death-bed of a beautiful young wife, the cause of whose death was entered upon the certificate as phthisis pulmonalis. She had only been a wife for two years, and when she stood before the altar in her bridal robes she looked the picture of health. The husband had the clear skin, the bright eyes, the almost spiritual beauty often seen in the early stage of tuberculous trouble. The lines about the mouth, the occasional cough, told of the slow development of a tuberculous condition. As husband and wife they occupied the same room till the hectic flush on her cheek, the cough, and the wasting strength told that the disease, which was slowly eating away her husband's life, was revelling in her own system and hurrying her to the grave, and we thought, as we looked upon the pale, wasted face of the dead, how a little forethought and a clear understanding of the premonitory symptoms of tuberculosis and its fearfully contagious character might have checked the ill, advised and prevented the useless sacrifice of a young and beautiful life. This very indifference or lack of knowledge of the contagiousness of tuberculosis and the manner in which the germs are communicated, is one great cause of the fact that in 1890 there were, at least, 170,000 deaths from tuberculosis in the United States alone, and that one-seventh part of the human race fall victims to the same disease, and yet the cause of the disease is now clearly understood and the manner of its transmission from one individual to another. In 1882, Koch demonstrated the fact that the bacillus tuberculosis, clearly seen under the microscope, was always present in tubercle either of the lungs, the membranes of the brain, or the mesentery. That the bacillus is found in large quantities in the sputa of tuberculous patients is now a matter of daily observation, and it has been shown by accurate observers that this sputa, which has been kept dry for nine months, is still fearfully infectious, and that even when diluted to the proportion of 1-100,000 is still virulent.

It can be readily seen how sputa, dried upon a handkerchief, the clothing, or the floor, may float in dust through the air of a room and be inhaled into the lungs as disease producing germs. The poison may thus become located in houses, the dust clinging to the walls and ceilings; and there is no doubt in thickly settled tenement districts, especially in damp locations, there are houses where the seeds of tuberculosis are always present. Railway cars, with their rich woolen or silk hangings, are receptacles of disease germs and tuberculosis is often contracted by passengers in whom there may be abrasions of the mucous membrane and a depression of vital force so great that they are unable to resist the poison. Ths precise character of the poison it is difficult to determine, but it is evidently the ptomaines formed by the re-arrangement of the molecules of tissue in the distinctive process of the tubercular bacillus, the highly poisonous character depending upon the kind of bacillus at work, the ptomaines of each class, whether tubercular, anthrax, or cholera reproducing wherever planted the same disease.

While there is no doubt that the climate of Florida is favorable to respiratory troubles and may not only prolong life but in many cases establish a complete cure, it should not be forgotten that even here or in any other favored locality owing to a predisposition to the disease or a constitution broken down by hard labor or excess, the disease may develop and run its course to a fatal termination.

STATE CONTROL OF ADMISSION INTO THE MEDICAL PROFESSION.

DR. HORATIO C. WOOD writes as follows in the *University Medical Magazine*, July, 1891: Many years ago I began an active agitation in favor of State control over entrance into the medical profession, so that my personal convictions are well known to those especially interested in the matter. The opponents of such control have always asserted that, under our system of government, the gravest dangers beset State examinations; but in my opinion, the very evil fruits which have been yielded by the free system, justify, or rather demand change, and I have hoped, and still do hope, that public opinion will prevent State Medical Examining Boards from becoming nuisances. It is, however, very apparent that if such questions are to be asked as

those which the New Jersey State Medical Examining Board formulated in the late examination upon materia medica and therapeutics, it can not be long before the profession will demand the repeal of the legislation for which it is now becoming clamorous. * * *

State Medical Examining Boards must exert great influence upon teaching faculties, and there is always danger that medical schools shall prepare men for examining boards rather than for practice of medicine. It therefore behooves examining boards to take great care that their questions have close relations to practical medicine, and especially to modern practical medicine. Perhaps it is not necessary for me to state that I am a professor in a medical college, known to some of your readers; that I am an editor of various editions of the United States dispensatory; and that I am the author of a Therapeutics that has considerable sale. Now, I affirm not only that I could not, off hand, answer the questions presented by the Medical Examiner, but that I would be ashamed of myself if I could.

On the one hand a candidate might be thoroughly familiar with almost any one of the high-class modern treatises of therapeutics and not be able to answer these questions, whilst on the other hand these questions could be answered by one who had no valuable knowledge of practical therapeutics. * * * It seems to me a first principle of examinations by medical boards should be that attention must be confined to officinal preparations. If the candidate is to be asked a lot of foolish questions upon every kind of preparation, invented by some perhaps semi-addled pharmaceutical brain, how is he to gain any knowledge? He must be forever running after the chaff that is blown away by his teachers. * * * Again, why should a doctor "be required to describe infusion, decoction, maceration and digestion," and not one word asked about the physiological or remedial action of such remedies as opium, quinine, alcohol, digitalis, mercury, arsenic, veratrum viride, aconite, strychnine, nitrites, cathartics, tonics, emetics, or almost any other drug of any value? Indeed, the only drug whose general effect upon the human system is inquired into is one that is not officinal.

I have heard it openly stated, by some physicians of standing, who professed to have knowledge, that, at least in some departments, the members of the New Jersey State Medical Examining Board did not themselves prepare the questions, but referred the matter to outside experts. I have no personal knowledge of the truth of this allegation, but certainly the questions themselves are of such a character that if this examination is to be the type, one of two things must happen: thoroughly trained graduates of medical schools of the first class must either fail altogether, or at least go to the bottom of the list, or else medical colleges will have to strive to make medieval lumber-attics of the heads of their students, much to the disgrace of American medicine and the detriment of American communities.

ELECTRICAL MASSAGE.

THE late Dr. Butler introduced into his practice what he called electrical massage, which consisted in the use of a metallic roller which formed one of the electrodes of the battery. We are not aware that this form of massage has prevailed to any great extent, but recently Dr. Nikola Tessa has published in the *Electrical Magazine* some very interesting experiments of his own in which he shows that a body perfectly well insulated in air could be heated by simply connecting it with a source of rapidly alternating currents of high potential. It makes but little difference in the results whether the body is a good or poor conductor of electricity. The human body is in such a case an excellent conductor, and if a person insulated in a room, or no matter where, is brought into contact with such a source of rapidly alternating currents the skin is heated by bombardment. It is a mere question of the dimension and character of the apparatus to produce any degree of heating required. The application of electricity in this form may possibly lead to the more effectual treatment of certain forms of disease for which our therapeutics have given us as yet no adequate remedy.

THE GRIP.

THUS far New York has suffered less from this winter's return of the grip than in the two preceding years. The epidemic invasion which has proved this year so fatal in other communities may be upon us later, but up to the present time it has seemed more of a sporadic character than epidemic. The attacks have been more violent among men and children than with women, but although generally lighter in character the trouble is invariably attended and followed by severe nervous prostration often running into pneumonia or a typhoid condition. We have found the most efficient treatment, as heretofore, confinement to the house, liberal doses of phenacetine to relieve the pain and aconite gelsemium and bryonia as indicated. For the acute coryza, especially if accompanied with profuse lachrymation euphrasia, is

of great benefit. Gelsemium and aconite are strongly indicated in the commencement of the attack. Dr. Beverly Robinson recommends for the acute coryza to be used with a powder blower for anterior and posterior nares:

℞ Pulv. fol. belladonna.....gr. xx.
Pulv. morph. sulph.....gr. ii.
Pulv. gum acacia ad.....℥ ss.

Sir Morell MacKenzie gives the following prescription, which is only to be used the first twenty-four hours of the trouble:

℞ Sulph. morph.....gr. i.
Submt. bismuth.....gr. l.

Whether the trouble in its epidemic character is the result of micro-organisms or produced by other causes future microscopial examinations must determine.

THREE GENERATIONS.

IN THE report of the meeting of the State Homœopathic Society of Connecticut, held at Meriden, mention is made of Dr. George Taylor, of New Milford, Conn. From his grandson, Dr. George Taylor Stewart, chief of staff of the Ward's Island Hospital, we learn that Dr. Taylor really became a Homœopath in practice in 1837, three years previous to the time stated in the paper read before the society, and that there was also a doctor in Norwalk who was assisted by his grandfather along about 1839, but he can not recall his name, although he read letters from him addressed to Dr. Taylor.

In connection with the above it is of interest to know that Dr. Charles Taylor, son of Dr. George Taylor, began to practice in New Milford in 1853, one year after his graduation from Geneva, N. Y., and that he finished his course at the Hahnemann College of Philadelphia, Pa., where Dr. Stewart was graduated in 1882.

THE BOMB THROWER.

AN EXAMINATION of the brain of Norcross, the bomb thrower, leaves no doubt as to his insanity. The weight of the entire brain was found to be less than normal, while that of the cerebellum was slightly above the average. It was found that the left ascending parietal convolution, especially in its upper half and left first temporal convolution especially in its anterior half were greatly atrophied. The gray matter of the left ascending parietal convolution was five millimeters in depth, and that of the left first temporal, four millimeters, while the gray matter of the first ascending frontal convolution was ten millimeters in depth, and that of the other convolutions varied from two to seven millimeters. The left crus cerebri was four millimeters smaller than the right. These abnormalities were it was thought quite sufficient to point to insanity, but why changes which had evidently been going on in the brain for a long time should suddenly, and with but little, if any long continued premonition, develop a condition of mind in which reason seemed completely dethroned. If we remember right the pathological condition of Guiteau's was very similar to that of Norcross, as was probably the condition of his mind in his attack upon the President.

SULPHUR AS A DISINFECTANT.—The Paris correspondent of the *Therapeutic Gazette* writes that Drs. Thainot and Masselin have recently completed a thorough investigation of the action of sulphurous acid on disease germs. It is shown that in these experiments sulphur fumes were useless with septic vibrio and charbon; but in sixty-grain doses to the cubic meter, and after twenty-four hours' contact, they destroyed the germs of tuberculosis, glanders, farcy, typhoid fever, diphtheria, and probably of cholera. The correspondent thinks that these experiments furnish a sufficient reason why some good authorities have spoken so highly of sulphur fumes as an antiseptic, while, on the other hand, equally good authorities have pronounced them nearly or quite worthless.

DR. KEELY gives as a reason for not making his gold cure for drunkenness public, the fear that it would become a sobering up process instead of a cure; that it would be used by liquor dealers themselves to sober their patrons after protracted sprees only to get into condition for another debauch. Under such circumstances to give the cure to the public would be to destroy its efficiency. Dr. Keely claims that after thirty years of labor he has effected a remedy which is curing ninety-five per cent. of those treated.

PREVENTIVE MEDICINE.—In my opinion (said the late Dr. Montrose A. Pallen) the practice of medicine will be revolutionized within the next few years. We shall live to see the student and successful practitioner of to-day retire altogether from the actual practice of medicine and establish himself as a consulting physician only. The learned surgeon or physician of the future will devote more time and attention to the prevention than to the cure of disease. It is no great trick to learn to set a fractured bone or prescribe a dose of salts. Such things will be

relegated to a class of practitioners about on a par with what are now called nurses. Hygiene and sanitation will be the study of the physician of the future. Of course he must have a knowledge of drugs, anatomy, physiology and such matters, but his office will be that of a consultant. The bone-setters and drug-prescribers will lay their cases before him, and he will advise them pretty much as the advice of an old-established counsellor-at-law is sought by an attorney. The great question of the future will not be so much the cure as the prevention of disease.

A CASE OF PSYCHICAL BLINDNESS.—Dr. William MacEwen, of Glasgow, in an address on the surgery of the brain, related a most remarkable case of mania with homicidal impulses, coming on after injury to the head. The fact that there was complete psychical blindness for a fortnight after the accident—*i. e.*, that, though he could see, what he saw conveyed no idea to his mind—afforded a clue as to the seat of the lesion. The angular gyrus was exposed, and a portion of the internal table of the skull, which had been detached and was pressing on the posterior portion of the supra-meningeal convolution and the anterior portion of the angular gyrus, was replaced in its proper position. He was greatly relieved, the homicidal tendency disappeared, and he was able to work.

ELEVATOR SICKNESS.—With delicate persons the stoppage of the elevator car brings dizziness to the head, and sometimes nausea to the stomach. The internal organs seem to rise into the throat. All this comes from the fact that all parts of the body are not stopped at the same moment of time. The feet being next to the car floor stop with the car, while other portions of the body continue moving. If the body as a whole can be arrested at the same time as the feet, there will be no sickness. This can be done by placing the head and shoulders against the car frame. It is a sure preventive, according to the *Scientific American*.

A NEW HEART-POISON.—A new heart-poison has lately been studied by Dr. Boehm, of Leipzig (*Ueber das Echujin*, etc., *Arch. für Experiment. Path. und Pharm.*, Vol. 26, p. 174). The plant from which it is derived is a beautiful flowering shrub found in the German possessions lately acquired in southwest Africa, and has been named by Schidz "Adenium Boehmianum." The natives call it "echuja," and from its resinous sap prepare an arrow-poison. The alkaloid "echujin" paralyzes the heart without affecting the peripheral endings of motor nerves. In kymograph experiments there was no regular marked rise in blood pressure, as with digitalis. The respirations and heart beats are slowed. The drug acts slowly; sometimes its first marked effects in rabbits do not appear for thirty to forty-five minutes. On opening the thorax immediately after death the heart is found in the tightest systolic contraction.

AS TO SMOKING.—Sir Morell Mackenzie concludes an article in the *New Review* on smoking, with a little practical advice. A person should never smoke, he says, except after a substantial meal, and if he be a singer or speaker, only after and not before using his voice. Let him smoke a mild cigar or a long-stemmed pipe charged with some cool smoking tobacco. If he will smoke a cigarette, let it be smoked through a mouth-piece which is kept clean with ultra-mohammedan strictness. Let him refrain from smoking pipe, cigar or cigarette to the bitter, and, it may be added, rank and oily end. Let the singer who wishes to keep in the perfect way refrain from inhaling the smoke, and let him take it as an axiom that the man in whom tobacco increases the flow of saliva to any marked degree is not intended by nature to smoke. If he is strictly moderate in indulgence—the precise limits each man must settle for himself—he will get all the good effects of the soothing plant without the bane which lurks in it when used to excess.

PROBABILITY OF A TAX ON NOSTRUMS IN FRANCE.—The Paris correspondent of the *Chemist and Druggist* writes that the French proprietary medicine men are likely to be called upon to help make up the treasury deficit. At the budget commission sitting of October 14th Minister Rouvier proposed that henceforth all proprietary medicines, specialties, toilet articles and artificial mineral waters shall bear revenue stamps as follows: Under 2F., 10c.; from 2F. to 5F., 20c.; above 5F., 30c. The tax is estimated to bring in 12,000,000F. a year—more than enough to cover the financial deficiency. The reasons brought forward by M. Rouvier are that England has long had such a tax; that specialists are very wealthy, injure true pharmacy and contribute nothing to the treasury; and finally, that when, in 1871, M. De Lorgeril introduced a bill of the kind, the Academy of Medicine, on being consulted, heartily approved of the project.

A PLEA FOR MANUAL TRAINING.—In enumerating the needs of the medical student a strong plea for manual training was lately made by one of the foremost of England's surgeons in the following words:

While the student is attending to this most important part of his training, he ought, at the same time—and now I am speaking for those who have to follow the craft of surgery—to be taught how to use his hands. I should set him so many hours a week into the shop of the village carpenter; and I should have him trained to use a saw, a chisel, a plane and a screw, so that he should be able to make a long splint, if need be, as well as to put it on. And into the blacksmith's shop he should also go, till he knows how to strike properly with a hammer. Some of you may think that this is unnecessary; but if you could look with a workman's eye (as I can do, as I served my time at the lathe, the bench and the forge) at a fellow of the College of Surgeons—I won't give his name, but will find him in almost every large hospital in the kingdom—who used a saw for the first time in his life in the amputation of a human leg, and see, as I can, what a horrible mess he makes of his work, you will agree with me that a training in practical mechanics is just as necessary (I say it is far more necessary) for a man who has to operate upon his fellow beings as is a training in anatomy.

BRAIN REST.—Sir James Crichton Brown, in his course of lectures recently delivered upon the subject of "brain rest," said that ordinary sleep grows deeper for the first hour and a half, and then steadily diminishes until the slumberer awakens. Sir James pleaded for eight hours for actively working brains, though ascetic notions have led many people to shorten the time, with the result that in certain cases it has been proved that the amount of sleep may be considerably reduced without injury. Literary men were apt to starve the brain in the matter of sleep, but some, nevertheless, had got on pretty well in spite of insomnia. Carlyle and Rossetti furnished instances. The lecturer quoted a letter from his friend, Dr. Tyndall, who said: "For four weeks I have never had a single second of sleep, and during these nights I walked thousands of miles round my room to no purpose. What astonishes me above all," he adds, "is, notwithstanding my night's weariness, my brain power does not appear to be sensibly impaired. After two or three hours' sleep I feel my brain as strong and clear as it ever was at any period of my life." It is, in Sir J. Crichton Brown's opinion, impossible to doubt that nutrition and repair must have gone on in the brain during periods of sleeplessness. The brain, in short, must, as he expressed it, "have learnt the trick of the heart and gone to sleep during the beats, or it must have slept in centers which were not active at the same time."

LEPER COLONY IN BRITISH COLUMBIA.—An isolation of all lepers found at large in the towns of British Columbia has been ordered by the Dominion Government. An island off the coast, called Darcy's Island, has been set apart, and will immediately be prepared for the reception of the leper colony, composed chiefly of Chinese. The authorities have also ordered that an immediate investigation shall be made as to the alleged rapid increase of leprosy in and about Vancouver, and for that purpose Dr. Smith, superintendent of the leper colony of Tracadie, New Brunswick, has been appointed as an expert commissioner to examine and report the true status of leprosy on the Pacific slope of the Dominion.

OPPOSITION TO FOREIGN PHYSICIANS IN PARIS.—In France (Edward Warren-Bey, in *Virginia Med. Monthly*) no one can write a prescription or perform the simplest surgical operation unless he is the possessor of a French diploma or a ministerial authorization, that is, a stamped paper signed by the Minister of Public Instruction, recognizing him as a physician; and Pasteur himself could not obtain the latter, to such an extent has the faculty carried its antagonism to the issuing of such permits. This opposition is envy—the jealousy of the native doctors towards the foreign physicians who have settled in Paris and monopolized the practice of their own compatriots, which pays infinitely better than that of the French.

A Frenchman has to climb very high on the professional ladder before he can venture to charge one of his own people more than ten francs (two dollars) per visit, while every foreign physician engaged in practice has invariably charged his fellow countrymen double that sum for the same service. For an *accouchement*, the ordinary recompense of a native physician is 125 francs (twenty-five dollars), and of a foreigner, 1000 francs (two hundred dollars). Besides, strangers usually pay cash for medical services, whereas residents expect a credit of from six to twelve months, and generally grumble over their bills at that. Hence the jealousy to which I have referred as the *fons et origo* of the present crusade against ministerial authorization upon the part of French physicians. If their alien confrères were out of the way this rich harvest would necessarily fall into French hands, and with the design of securing it inevitably, the faculty has adopted the plan of preventing the farther licensing of foreigners in France, and of permitting Nature to clear the field of those who already occupy it by the intervention of that certain agent, the hand of death.

Dr. Geo. Taylor Stewart, chief of staff, reports 772 patients treated at the W. I. Hospital during November, with a death rate of 2.46 per cent. For the eleven months ending November 30th, 4,642 patients were treated, with a death rate of 5.21 per cent.

BIBLIOGRAPHICAL.

A MANUAL OF VENEREAL DISEASES. Being an Epitome of the Most Approved Treatment. By Everett M. Culver, A. M., M. D., Pathologist and Assistant Surgeon, Manhattan Hospital, of New York, and James R. Hayden, M. D., Chief of Clinic Venereal Department of Vanderbilt Clinic, College of Physicians and Surgeons, New York. In One 12mo. Volume of 289 pages, with Thirty-three Illustrations. Cloth, $1.75. Philadelphia: Lea Brothers & Co., 1891.

The authors have confined their attention strictly to the practical aspects of the three venereal diseases—syphilis, chancroid and gonorrhœa, and have condensed in convenient compass an epitome of the best modern treatment of these widespread affections. The volume forms a valuable book for the advanced student as well as a guide for the practitioner.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-Book Specially Adapted for Students in Pharmacy and Medicine. By W. Simon, Ph. D., M. D. Third Edition, Thoroughly Revised. Philadelphia: Lea Brothers, 1891.

We know of no better guide in every department of laboratory work in chemistry and pharmacy, or one which the thoughtful physician will consult more frequently in reference to the atomic constitution of matter and chemical combinations and reactions.

HISTORY OF CIRCUMCISION. From the Earliest Time to the Present. By D. C. Remondino, M. D. Published by F. A. Davis, Philadelphia.

The origin, history, as a religious act, and uses of circumcision are clearly set forth in a small work showing a vast amount of research and originality. Whether we subscribe to all of the author's theories and conclusions or not, he certainly has given us a book of interest and told his story in the frank manner, which leaves no room for misconception.

AGE OF THE DOMESTIC ANIMAL. Being a Complete Treatise on the Dentition of the Horse, Ox, Sheep, Hog and Dog, and on the Various Other Means of Determining the Age of Animals. By Rush Shipper Hundekoper, M. D. F. A. Davis, Publisher, Philadelphia.

THE "ANNALS OF SURGERY." Published by J. H. Chambers & Co., of St. Louis, Mo., continues to be the only publication devoted exclusively to this specialty.

The excerpts we have made from this journal during the year show the character of the work, and our readers who are especially interested in surgery can make no mistake in subscribing for it.

New subscribers to the "TIMES" desiring the "Annals of Surgery" also, will receive special concession upon application to us.

W. B. Saunders, Philadelphia, publish a pocket medical formulary containing, under appropriate heads, the most popular prescriptions of Old School writers and physicians in almost every disease. The doses are generally larger than would be called for, but the suggestive character of the prescriptions will often give excellent hints to meet individual cases.

The fact that a second edition of Hare's "Therapeutics" was called for within six months of its first publication, and that it has been already adopted as a text-book in many of the leading colleges, is sufficient proof of the estimate in which it is held by the profession.

Among the new publications announced for the coming year by the house of W. B. Saunders, 913 Walnut street, Philadelphia, are "An American Text-Book of Surgery," by Professors Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson and Warner, forming one handsome octavo volume, fully illustrated of 1,200 pages. Price, seven and eight dollars. This work will be more especially valuable from the fact it will present the special knowledge and experience of the different authors, and will fully present the prevailing methods of American surgery in its various departments.

A text-book on the "Theory and Practice of Medicine" according to American teachers, edited by William Pepper, M. D., LL. D. To be completed in two handsome royal octavo volumes of about 1,000 pages each, fully illustrated. Price, six and seven dollars a volume. The associate authors are Professors Billings, Francis Delafield, R. H. Fitz, James W. Holland, E. G. Janeway, Henry H. Lyman, Wm. Osler, W. Gilman Thompson, W. H. Welch, James T. Whitaker, James C. Wilson and Horatio C. Wood. Special prominence will be given to symptomatology, diagnosis, prognosis and treatment under which head will be given the favorite formulæ of each.

Aside from the above publications which will be sold by subscription only, are announced for early publication in the new year, a new "Pronouncing Dictionary" by John M. Keating, M. D. and Henry Hamilton; also a "Hand-Book on Diseases of the Eye," by G. E. Schweinitz, M. D.

The November issue of the *Homœopathic Recorder* contains a realistic picture of the professional and social life of the late Samuel Lilienthal, painted, as no one else could paint it, by his old friend and for a time literary associate Sam'l Jones, M. D. Dr. Jones does full justice to the heart and mind of his friend and his influence on the thought of the medical world.

CORRESPONDENCE.

A CHAT ABOUT OUR FRIENDS IN SAN FRANCISCO.

Among the pleasures of California, so numerous and so attractive, we are apt to thrust aside that which really creates that pleasure and to put away our human friends for the other beauties of nature. The climate, with its soft, balmy atmosphere, the luxuriant vegetation, its evergreen leaves, and its fruits fill the mind to repletion, but if we look for the reason of all this we will find our friends lending themselves to make it all up.

The years spent with these friends are full of pleasant memories and of facts relating to them which should awaken us all to the knowledge of the striking individuality and the power of those men who have built up a reputation for themselves and for the school which they represent. Among the many names I recall one which is well known to all, Dr. Wm. Boericke, Professor of Materia Medica in the Hahnemann College of San Francisco, and one of the editors of *The California Homœopath*—a genial man, a good teacher, and one who possesses a quick, grasping mind. This recalls the names of other gentlemen who were instrumental in the formation of the medical school. Dr. Eckel, our pioneer in San Francisco, a fine old German gentleman, who was the honored president of the Turn-Verein for many years; Dr. Albertson, the leading physician, who gave up general practice for consultation a number of years ago; Dr. Palmer, the great big surgeon of the city; Dr. Currier, the former Dean and throat specialist; Dr. French, the quiet, fun-loving oculist and aurist, with whom in former years I was

so intimately acquainted; Dr. Davis, the gynecologist and obstetrician, who believed in higher potencies than I could; Dr. Dewey, the anatomist, and formerly a member of the Ward's Island house staff. These men all took part in the work of teaching, and they have to-day one of the best of medical colleges to be proud of.

In connection with the college is a dispensary, wherein Dr. Lowery, an orthopœdic surgeon, also of Ward's Island, and I took turns in attempting to cure, but there was no "Golden Gate" through which patients had to pass. That dispensary to-day is the largest in San Francisco.

We must not forget Dr. Brayfogle, who bears the name, loved by us all, although not connected with the college. He is a whole-souled man, and one from whom you will ever receive a warm welcome. Dr. Pease is another man with whom I have spent hours, and have assisted in his gynecological work, with great advantage to myself. He is a man of the Old School, but at the present time a pretty "high" convert. His connection with the Fabiola Hospital, across the bay, in Oakland, brings to mind that grand old fighter, Dr. Selfridge, the backbone and the founder of the hospital. Dr. Green, formerly of Little Rock, is another oculist and aurist of the New York Ophthalmic School, a pleasant friend and a good surgeon.

These men all form the pleasantest galaxy of remembrance, and in their contemplation the leaves wither, the climate loses all its balminess, and naught remains but their pleasant greetings and the memory of themselves.

GEORGE TAYLOR STEWART.

Ward's Island Hospital, December 18, 1891.

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECTIVE THERAPEUTICS.

Milk Sugar as a Diuretic.—In an article published in *L'Union Médicale*, on milk and its constituents in dropsical affections, Prof. Germain Sée sums up the results of his experiments as follows: The diuretic effect of milk is due to the milk sugar which it contains. About three ounces of the latter dissolved in two quarts of water and taken during twenty-four hours, will afford marked diuresis in dropsy, whether of cardiac or renal origin.

The polyuria resulting from this treatment, Prof. Sée has found to surpass that from all other methods, and therefore considers milk sugar to be not only the most efficient, but also the least harmful of all diuretics.

The remedy is usually well borne. It may be administered for a week, and then omitted for a few days, and again renewed. If not well tolerated alone it may be flavored to suit taste of patient.

Chloroform in the Treatment of Typhoid Fever.—Dr. Stepp (*Lancet*, March 14, 1891) has reported eighteen cases of typhoid fever treated by the internal administration of chloroform. In most of these cases he gave about six drops of chloroform in two ounces of water thrice daily, but occasionally made a slight change by the addition of a scruple of quinine. The result of this treatment was that in a few days drowsiness and delirium disappeared, the dry coated tongue became moist and the general state considerably improved. The temperature fell considerably in from eight to ten days, the stage of remission was cut short and convalescence accelerated.

Scratching the Back for Intermittent Fever.—Dr. Alois Fenykovy communicates to a Vienna medical journal an account of some observations made on the treatment of intermittent fever by means of friction of the back along the spine. Many years ago, as stated in the *Lancet*, while at Nisch with his regiment, there occurred so many cases of intermittent fever that the stock of quinine was becoming exhausted, and, in order that the patients might not be entirely without some sort of treatment, it was ordered that they should be rubbed twice a day along the spine with some simple ointment. The day after this order had been given, it appeared that the usual attack had not come on. Accordingly, since that time Dr. Fenykovy has very frequently applied this treatment, and usually with marked success. Indeed, he says that three-fourths of his cases have done very well without any quinine at all.

Arsenic for Warts.—The internal employment of Fowler's solution of arsenic, so efficacious in other skin diseases, is strongly recommended by Dr. Muller, of Hamburg, (*Allg. Med. Centr. Zeit.*) for the dispersion of warts. He gives the remedy in weekly increased doses, beginning in the case of adults with two drops, in that of children with one-half drop, three times daily. The warts crumble gradually and disappear unnoticed (mostly while washing and wiping the hands), so that in two or three weeks the skin presents a normal appearance. Relapses have never been observed. A great advantage of this remedy is that it does not interfere with using the hands.

Oleum Caryophyllorum in External Tuberculosis.—Nannotti (*Wien. Med. Blätt.*) reports eighteen cases, mostly of cold abscesses and fistulæ, and three cases of joint disease, in which the usual methods of treatment failed entirely. He prepared a ten per cent. solution of oleum caryophyllorum in olive oil; punctures the abscesses or washed out the fistulæ, and then injected about twenty grammes of the oil. In two-thirds of the cases rapid improvement followed; even in the remaining third some benefit was noticed to follow the treatment.

Essence of Cinnamon in Malaria.—Dr. Capsus states in *La Pratique Médicale* for April 7th, 1891, that in the hospital at Marguelane, in Turkestan, excellent results have been obtained in the treatment of all forms of malaria by sprays of the essence of cinnamon. Even cases which had resisted the action of quinine and arsenic improved in a few days under this treatment. The spraying is performed several times daily in the hospital wards, and is stated to be much more efficacious than a similar procedure with the essence of eucalyptus.

Debility of the Acids Differentiated.—Dr. Wm. Boericke (*California Homœopath*, April, 1891) writes as follows: All the acids produce debility, langor and weakness, in consequence of the impaired nutrition they cause.

Acetic acid is indicated in the most profound forms of debility in the course of diseases that tend deathward, as indicated not only by the profuse perspiration, the hemorrhage, the diarrhœa, the hectic fever, but also by the cold extremities, dropsical effusions, great emaciation and marasmus.

The sulphuric acid debility shows itself more as a tremor. There is a sense of tremor all over, not necessarily accompanied by objective tremor. Frequently in women at change of life, and with it also the hot flashes, relaxed cold feeling at the stomach, causing a craving for stimulants. This trembling weakness is associated with a quick, hasty movement; everything must be done in a hurry.

Oxalic acid produces great muscular prostration, weight and powerlessness of the limbs. The back feels too weak to support the body; great lassitude and weakness of the limbs; acute pain in the back, extending down the thighs, seeks relief by change of posture; numb feeling, blueness, coldness, stiffness and immobility of the limbs accompany the backache; pains worse when thinking of them; pain in spots; aphonia and alteration of voice.

The benzoic acid debility is less general and more local in its manifestations, as seen in its action upon the urinary organs. The weakness is shown in the irritable condition of the bladder that is produced, going on to enuresis. Irritable bladder, with muco-purulent discharges, enlarged prostate, often found in old persons. They complain of dribbling, strong-smelling urine. The urine is high-colored and very offensive; the odor is extremely strong and pun-

gent, and is present *when* the urine is voided. Gouty patients, especially, are apt to be candidates for benzoic acid. Much pain in the joints, with gouty concretions or nodes.

Carbolic acid debility is associated with headaches, spinal pain and tenderness. The headache is congestive, like a band around the head, or neuralgic over the right eye, and *often accompanied by great acuteness of smell.* Symptoms of acute dyspepsia, much flatulence, acidity, burning in stomach, showing its weakening effect upon the digestive tract. In flatulence of old age depending upon imperfect digestion it is indicated.

Lactic acid shows its debility in the stomach. Morning sickness in pale anemic women, who lose large quantities of blood during the menses, which usually last too long; acid and profuse perspiration all over.

Muriatic acid debility is of such a character as is found in low fevers, where the debility is so great that the patient slips down toward the foot of the bed, and must be lifted up every little while. Inability to void urine unless the bowels are moved; he needs the rectal stimulus in order to get the bladder to act.

The debility of phosphoric acid is like that of china and calc. phos. resulting from the loss of fluids and after sexual excesses. It corresponds more to the chronic effects, while china meets the acute symptoms. Sometimes after mental emotions, grief, sorrow, homesickness or disappointments, a profound debility sets in with emaciation, night sweats, drowsiness, congestive headaches, etc. Children who grow very rapidly, feel tired as if beaten in the back and limbs, need phosphoric acid. The debility of this remedy is more of a nervous character. Indeed the usual sources of ordinary loss of strength, diarrhœa, perspiration, polyuria, etc., do not seem to weaken the patient very much. Phosphoric acid does not cause serious blood changes, and in its action on the nervous system, we fail to find a profound disorganizing influence. It is indicated in functional debility from various sources.

Picric acid. Back aches, is numb, loins weak, numb limbs, legs blue and cold. It causes almost complete immobility of the lower extremities. Nervous exhaustion is its sphere. Everything points to a profound depression and anemia going on to softening. The remedy produces a weariness from a slight fatigue on motion to paralysis, a mental inactivity with indifference, want of will power to do anything, and a desire to lie down and rest. It corresponds to symptoms of neurasthenia, brain fag. It has severe headaches, beginning in the occipital region and then extending forward and downward, worse from the slightest use of the brain, better from pressure. The slightest exertion brings on speedy exhaustion.

Picric acid has marked excitement of the sexual organs shown by priapism and profuse emissions. Erections very violent, a common symptom in spinal diseases, and it is in chronic cerebro-spinal diseases that picric acid will come into play. It has cured locomotor ataxia. The sleep of such patients is disturbed by the most violent erections. Legs heavy, weak, numb, trembling—prostration from least exertion. General sense of lassitude. Difficult to move the limbs.

Acetic Acid in the Treatment of Diphtheria.—According to the *Pharmaceutische Zeitung*, J. Hirsch, in a pamphlet which he has published upon the treatment of diphtheria with acetic acid, states that during the nine years in which he has employed this agent he has not lost a case of diphtheria. He applies the acid to the inflamed parts in the first stage of the disease. He says, if more agreeable, the domestic spiced vinegar may be used.

Common Thyme in Whooping-Cough. — Common thyme, which was recommended in whooping-cough three or four years ago by Dr. S. B. Johnson, is regarded by Dr. Neovius, who writes a paper on the subject in a Finnish medical journal, as almost worthy of the title of a specific. During an epidemic of whooping-cough he had ample opportunities of observing its effects, and he came to the conclusion that if it is given early and constantly it invariably cuts short the disease in a fortnight, the symptoms generally vanishing in two or three days. They are, he finds, liable to return if the thyme is not regularly taken for at least two weeks. Regarding the dose, he advises that a larger quantity than Dr. Johnson prescribed be taken. He gives from one ounce and a half to six ounces per diem, combined with a little marshmallow syrup. He never saw any undesirable effect produced except slight diarrrhœa. It is important that the drug should be used quite fresh.

Permanganate of Potash as a Vulnerary.—Permanganate of potash, used as a lotion in a solution of four grains to the ounce of distilled water, is an excellent remedy for the results of crushes, bruises, gun-shot wounds, lacerations, etc., as well as for the bites of venomous reptiles. If you have a case where destruction of tissue is threatened or progressing, as, for instance, a somewhat advanced state of phlegmonous erysipelas, or a severe crush, or any appearance simulating these conditions, use without delay or hesitation a strong solution of permanganate of potash, and your confidence in the drug will be rewarded.

Aurum Muriaticum in Insomnia.—Dr. Clifford Mitchell writes in the *Medical Era* that he has for several years used aurum mur. for the excessive nocturnal urination seen in certain cases of Bright's disease. Lately, however, he has had most flattering results from use of it in a most distressing case of *sacral neuralgia, insomnia and depression of spirits* consequent thereupon. This case would appear to be a cure, so far as it is possible to judge. The keynote for the remedy is *night urine in excess of day urine*, not temporarily, but as a rule.

Tincture of Iron in Bright's Disease.—Dr. Wyss (*Der Fortschritt*) employs the ethereal tincture of the perchloride of iron, in doses of ten drops three times a day, in the treatment of chronic Bright's disease. He reports a large number of cases so treated, in more than half of which the albuminuria rapidly and completely disappeared.

External Pressure in the Treatment of Epistaxis.—Dr. W. T. Lusk, of Bellevue, told the class the other day that about twenty years ago he was in the office of a country practitioner when a man came in with the nose-bleed. Instead of hurrying about to find means with which to plug the posterior nares, he quietly walked over to a desk, took out a clothes-pin, pushed it down over the cartilaginous part of the man's nose, and went about his other duties. After perhaps ten minutes the clothes-pin was removed, and the epistaxis did not return. Dr. Lusk stated that this might not seem a very artistic or scientific procedure, but he had been looking for a case the past twenty years in which it would not succeed in checking the nasal hemorrhage. Moreover, it was by no means so uncomfortable as the use of a coagulating salt or a posterior plug. The fingers would answer as well as a clothes-pin, but the nose should be grasped from above downwards, not simply grasp the alae between the thumb and finger.

Methyl-Violet for Lupus.—Dr. M. F. Coombes, Professor of Physiology in the Kentucky School of Medicine, announces that he has discovered what appears to be a cure for lupus. It is "three parts of methyl-violet in one thousand parts of water." In the cases he has tried he has, as he claims, had astonishing cures. He first used one part of methyl-violet to one thousand parts of water, cleansing the sores with saline washes and protoxide of iron before making the local application. No tonics whatever were used. The doctor says he gives out the remedy unreservedly, hoping that other physicians may test it, and if it does any good to lupus patients he will ask no other reward.

Refrigeration in the Treatment of Orchitis.—In his inaugural thesis Dr. De La Valle reports the results of the

treatment of orchitis employed in the service of Dr. Du Castel (*Journ. de Méd.*, April 10th, 1891). This process consists in painting the scrotum with a camel's hair pencil dipped in the chloride of methyl, the operation to be repeated twice daily. It is stated that immediate and considerable relief ordinarily follows the very first application, even in cases where the inflammation is violent, and where the patients hitherto have been confined to the bed. The average duration of the treatment was seven and a half days; the average time the patient remained in the hospital, eleven and a half days. This treatment is extremely simple, and does not necessitate the employment of any other medicinal treatment, whether internally or by external application.

Compressed Air and Creosote-Vapors in the Treatment of Phthisis.—At the meeting of the Academie de Medecine, held on April 14, 1891, Dr. Germain Sée (*La Tribune Médicale*, April 16, 1891) gave the method of treatment of phthisis which he had found most satisfactory. It consisted in causing the patient to pass two or three hours each day in a cabinet of compressed air which contained the vapors of creosote mixed with eucalyptus. Simple inhalations of creosote and of eucalyptus have no effect, nor is the compressed air by itself possessed of any advantage, but the combination of these two methods determines an enormous absorption of creosote by the entire pulmonary surface. Creosote administered by the stomach can only be supported by patients for a few weeks at the longest, and it is usually impossible to continue subcutaneous injections of creosote as long as is desirable. But creosote, of all antiseptics, is best supported in the form of vapors by inhalation, and patients may live for many months perfectly well in an atmosphere highly and permanently charged with these vapors.

Dr. Sée writes that the physiological effects are most favorable, and under its influence he has seen return of appetite and improvement of general symptoms even in the most advanced cases of phthisis. Hemoptysis, indeed, so far from being a counter-indication, has been rapidly cured, cough diminished, bronchial expectoration reduced, sputa lost their purulence and odor, and dyspnea ceased, and auscultation shows that the bronchial râles disappeared entirely, although the râles due to the presence of cavities are naturally not affected. The compressed air charged with creosote is thus, according to Dr. Sée, a method of arresting the progress of disease, and the author states that he has notes of twelve cases of phthisis which are practically cured.

Ipecacuanha to Increase Labor Pains.—Drapes (*Les Nouv. Remed.*) affirms that ipecac, in the form of wine of ipecac, in the dose of ten to fifteen drops, repeated every ten minutes, constitutes a powerful remedy to provoke strong contractions of the uterus in a case of uterine inertia or rigidity of the cervix, which threatens to indefinitely prolong the labor. After the second or third dose strong uterine contractions will come on, will repeat themselves at regular intervals, and tend to rapidly bring the labor to an end. That which makes ipecac in this condition superior to ergot is that it never provokes tetanic contraction of the uterus, so frequent after the administration of ergot.

Verbal Deafness with Lesion of the First Sphenoidal Convolution.—M. Netter (*Le Prog. Med.*) reports the case of a woman, suffering with cardiac disease and bedridden on account of an apoplectic attack, with right hemiplegia and aphasia. Although she was conscious, she seemed to suffer with complete verbal deafness; there was no motor aphasia. The convolution of Broca and the island of Reil was intact, but a softening of the extraventricular nucleus of the corpus striatum which explained the hemiplegia was found, and an analogous lesion upon the first left sphenoidal convolution, which is a new proof of the localization of memory in that region.—(T. M. S.)

SECTARIAN MEDICINE.*

* * * Why should we continue to have sects in medicine? Why should there be any other classification of physicians than that founded upon the distinction between the educated and illiterate members of our profession? Certainly a scientific physician does not love an ignoramus, no matter what label he may wear! Nor should the most regular physician countenance any sooner, the blatant quack who holds a diploma from a regular college, than he would the educated gentleman who happened to hold a diploma from an irregular college. It is not scientific to hold that no good thing can come out of Nazareth.

Even among those we regard as our equals, we will often observe some peculiar belief or hobby, that will not fail to excite our opposition or even ridicule, yet for which we should not seek to deprive him of the sympathy and association of his fellows. We must not forget that great truths often seem ridiculous to those who were previously ignorant of them, and that the errors accompanying those truths are often so prominent that the superficial observer sees nothing but the errors, failing to discern the truth.

I am heartily in favor of *one* profession of medicine, embracing all that is likely to prove beneficial, and when we teach that profession to those who must take our places, I would teach them all that belongs to it in the widest sense. The professors in our medical colleges should be broad enough to give due credit even to a fanatical homœopath, when he has given something to the world that has rendered the life and suffering of the afflicted a little easier, no matter how foolish his theory of its action may be. Let the professor lay the facts before his class and enjoin them without prejudice to prove all things and hold fast only to those which time and a large experience shall proved to be good. If the teachers in our regular colleges would treat this question of sect in medicine in a more scientific spirit the necessity for the existence of the sectarian colleges would be diminished, and in course of time they might cease to exist as such. The intolerance displayed in the past by influential men of the profession towards the irregulars has been a detriment rather than an advantage to the profession.

There are no sects in general science. Then why should they exist in medicine? In all departments of science men differ from each other and advocate their peculiar opinions, often with a vehemence that to the bystander would almost indicate a desire to murder their antagonists; yet months afterward these same men are often seen smoking the pipe of peace together, the one explaining wherein he was wrong, and the other illustrating the point that led him astray. Unfortunately for our profession, we do not seem able to settle our differences in this scientific spirit. Among scientists, discussion of new views brings out the truth at last. It does not result in dividing its votaries into sects, which refuse to hold any intercourse with each other.

Is it not possible to place the profession upon a broader platform than it has heretofore occupied? Could it possibly harm a professor of therapeutics, for instance, if he credited the homœopaths with giving us the palatable doses of the moderns in exchange for the heroic dosing of the ancients? Or, when upon the subject of nitro-glycerine, if he mentioned that the homœopaths had been using this remedy for fifty years? Even if he then added that the theories in regard to the action of this and other remedies were fanciful and often absurd, it would show a desire to acquaint the student with the historical facts of his profession.

* * * The writer received his medical education thirty years ago, in the homœopathic household. The college

* From an article by S. J. Bumstead, M. D., in the *North American Practitioner*, November, 1891.

from which he graduated was situated in one of the largest of our eastern cities, and was probably as good as most of the then existing medical colleges of the regular profession. But as he looks back at all of them, from this distance of time, the very best seem now very poor, so he is not especially proud of his Alma Mater, nor of any of these institutions of medical learning, of his younger day and generation. In our youth we imbibe our beliefs, be they medical, religious or political, from one prolific source—our parents. Now, I no longer hold these peculiar views of medicine, although still recognizing the good that homœopathy has done the profession. The writer does not regard himself as a homœopath, for in his development he has outgrown the sectarian dogmas upon which that school was founded, nor does he try to do so, although obviously enough he can not define his position accurately to every patient. He does not believe that "*similia similibus curantur*" is the only law of cure, he does not believe in the efficacy of the dilutions, carried to any extent, and consequently can no longer remain in the homœopathic household. He does desire to be a physician and to be in sympathy and fellowship with the educated members of the profession, yet he would not allow even this august body to prescribe for him, ready made, his beliefs.

That the liberal views expressed in your July issue have not been unknown to the profession in the past can be illustrated by the fact that in 1863, the writer was examined by the late Prof. Brainard, of Chicago, for the position of assistant surgeon in an Illinois regiment. Although Prof. Brainard did share the current prejudices of the day against homœopaths, he stood by his declaration: That a man who understood anatomy and the principles of surgery, could not be a quack, examined me from this point of view, and although I told him where I had graduated, he recommended me for the position in which I served until long after the war had ended.

In conclusion, it would seem that no necessity exists for the continued division of our profession into sects. If each physician is actuated by a desire to know the truth, with no undue anxiety to uphold peculiar views unless they can successfully withstand an examination by the modern scientific method, there will be nothing to wrangle about. Physicians are much too credulous. It is highly proper that we should be skeptical, for it is that spirit that demands convincing evidence before forming conclusions. We have suffered too long from hasty conclusions founded upon insufficient premises. We need not utterly repudiate every thing until it has been thus firmly established, but we should not lose sight of the position the question occupies, whether it be a demonstrated truth, or one that is only on probation, to pass later on, perhaps, into the class of demonstrated principles. A better mixture of the enthusiasm of youth and the conservatism of later life, will give us a progress that will present fewer instances of grave recantations of errors on the part of medical men, to delight the hearts of the caricaturist and the humorist.

THE POSITION OF HOMŒOPATHY OF TO-DAY.

Dr. Conrad Wesselhœft, in a paper read before the Southern Homœopathic Medical Association, advances the following views concerning "The Antagonistic Relation of the Schools and How to Harmonize Them:"

The difference between homœopathy and allopathy when regarded as a difference of scientific opinion, can never be made to account for the conflict between the schools, as, for convenience sake, they may sometimes be called. The antagonism had its origin in causes which are partly the result of the temperament of men, and partly the result of the manner in which human temperament was affected by the form and expression of the reformatory spirit in medicine in the beginning of this century. Without rehearsing in detail all the historical events caused by this strife, without endeavoring to explain or extenuate errors committed or victories won on both sides, we turn at once to the present and find that we are confronted by the fact that the battle has lasted for a century, and may last for a century longer unless certain points are gradually better understood. Let us search for a rational common formula by which the intricate causes of this chronic strife may some time be disentangled. With this purpose in mind, the following propositions are offered for general consideration.

First of all, it should be accepted as an axiom that the dispute is not one of belief or creeds, but of knowledge. Unless the discussion is kept fairly and squarely upon that ground, it will be endless and unprofitable.

Medicine is a science, that is, a matter of knowledge. As such, it is open to discussion; but chiefly open to investigation, and in this investigation there must be room for many differences of opinion before, at last, perhaps in the far future, true facts shall be so clearly established that there remains no further room for doubt and disagreement.

Knowledge, and, in the concrete, every knowledge of the best methods of discovering and administering medicines for the cure of disease must stand or fall on its own merits, which in their turn rest upon demonstrations by experimental research. Either party who might claim to possess the only and exclusive truth can not hope to win, handicapped by its conceit and out of the race.

The ground which we take and will have to hold fast in future arguments with our opponents is not that there have been, that there are and that there will be no other therapeutic methods besides ours, but that we as homœopathists, have to the best of our ability built up and developed, not a creed, but a *new branch and method of therapeutics*, a grand *specialty* to which we and our predecessors have for a century devoted our best endeavors.

While a creed might be disputed, the ground herein proposed is indisputable. Instead of contending with antagonism, we should meet with approval at least, if not with assistance. Herein we are in the right, the ground we stand on is firm, and to oppose us on that ground would be folly ending in discomfiture of the aggressor.

It rests with us to prove that our methods are better than others known up to this time. Such proof must rest upon candid and calm demonstration. But, besides this, it would be well for us to consider whether our opponents have always been wrong in pointing with ridicule to inconsistencies on our part. They have often been denounced for disbelief in impossibilities which many among us have held up as conditions to be accepted without cavil. In order that we may expect generosity on the part of opponents who must, on general principles, be accredited with as much common sense as we claim ourselves to possess, it would not be amiss on our part to admit and to abandon certain errors in our pharmacy, and in our voluminous but imperfect materia medica, swelled in too many instances not by accurately demonstrated facts, but by uncertainties. Probably we shall also have to recede somewhat from the too premature axiom of the universality and infallibility of our law of similars.

Wherever there is a school where homœopathy is taught, or a hospital where it is practiced, more attention is generally given to the question of the dose than to the law of similars. The case should be reversed, so that the law or rule of similars receives more attention, more than the dose, and all physicians should study the question and should publish their experiences as to its foundation and scope, instead of taking so much for granted or demonstrated.

The principle that the properties of drugs or medicines are only to be discovered by proving is firmly established and unassailable; but those who will aid us in improving

this method of investigation will soon arrive at the conclusion that "proving" is not easy, but very difficult; that is, it is easy to note symptoms, but a matter requiring the greatest skill, patience and expert knowledge to note only that which is true and to exclude that which is false and delusive.

That much of this should have burdened our materia medica is but natural; that it contains more that is true and useful than of the useless may be justly assumed. But to separate one from the other is a matter less difficult than it is tedious. For this purpose the methods of critical analysis have been instituted. If the desire has been here and there expressed that some individual would assume the task of publishing a correct and analyzed materia medica, the suggestion should also receive consideration that it would be much better for each physician to analyze his materia medica for himself and not to rely on book-makers.

In the good old times of homœopathy, physicians not only prepared their own medicines, but studied and arranged the results of their labors for their own use; they had excellent results because they made their own tools, and knew their temper. Not so to-day, when material, raw and manufactured, is furnished to physicians by pharmacists.

Doubts of a serious nature must often arise in the mind of one prescribing from a phial containing perhaps pellets, labelled with the name of a medicine whose original he never saw, or, perchance, would not recognize. How different when we have collected and prepared the medicine! With what greater confidence we administer it and contemplate the result!

The study of the materia medica is to be viewed in the same light. A medicine described, arranged and classified in repertorial form by another is a very different thing from one we have proved, studied and arranged for use ourselves. This art should not be lost, but cultivated. If a plea were to be made here, it should be in favor of private study on the part of homœopaths. These should set a good example to the other school. Too many books are made to be sold—herein their mission ends. Every doctor his own materia medica compiler, is the medicine of the future.

[We infer from the above article that the author is willing to give up the "creed" which has made his school a sect in medicine, to which we say, Amen! Dr. Wesselhœft is far ahead of the majority of his colleagues in his view of the relative position of the schools in medicine. In reference to "demonstrated facts," we must say that such must have probability in their favor before evidence of their truth can be offered. A *fact* is that which is too evident to be denied, demonstrative evidence is that which is invincibly conclusive, apply these principles to your work, abandon sectarian designation and the best work will be accomplished.—EDITORS.]

CLINICAL RECORD OF THE NEWER ANTIPYRETICS

Part II.

Phenacetine (Acetphenetidin).—This drug begins to act in about four hours, and will keep the temperature down from two to three hours at the longest; then the temperature will slowly rise about 0.2 degrees C. The influence of the drug seems to be lost in about eight hours. The drug resembles all other antipyretics in the fact that its effect is most pronounced when given late in the afternoon or in the evening; it thus combines the natural depression of the temperature with that produced by drugs. If the drug be given in the morning, or early in the afternoon, a second dose will often be required to combat the usual tendency to rise of temperature at this time. It is found that single doses of eight to ten grains act better than a smaller dose frequently repeated.

As an antipyretic phenacetin is in many respects superior either to antipyrin or antifebrin. This is true of it in acute, as well as in chronic fever. In the experience of numerous observers, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic, but it also seems to be free from producing any toxic effects, unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash and the latter to a cyanotic condition of the blood.

According to Dr. Pierce (*N. E. Med. Monthly*, July, 1890), while not possessed of the varied accomplishments of opium, phenacetin will replace that deadly drug in its line, and, in addition, is free from the dangers of habit to which the former predisposes. A reliable reducer of temperature and reliever of pain and nervous irritability, suitable alike for adult and child, it stands to-day the safest, most agreeable and most efficient antipyretic known to medical science. Its double action as an antithermic and analgesic results probably, according to Dujardin-Beaumetz, from an effect produced upon the spinal cord. Gaiffè states that the heart and pulse are never depressed by this drug. Dr. Pierce says: "The depressing effects produced by antipyrin have led me to be cautious in administering that drug; and as to antifebrin, the only time that I used it—in a case of typhoid—the patient asked me in the morning 'why I left her to freeze to death all night?'" The efficacy of phenacetin in relieving general pain, as well as in controlling fever, was strikingly manifested during the recent epidemic of influenza.

Phenacetin is stated to be especially valuable in suppressing the fever of pulmonary consumption. In this, as in every other chronic form of fever, large, and probably double, doses are required to achieve the same end as that which is obtained in acute fever. Of course, no iron-clad rule can be laid down as to how much should be given in any individual instance. The best guide that can be followed is to give it "for effect." If four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It has also a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacetin does good, not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a rôle which it undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumption also holds true, we are assured, in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, etc., when it is given in three or four grain doses; and, from all appearance, it bids fair to outrival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.

As an antithermic in continued fevers, Dr. M. F. Price (*Southern Cal. Practitioner*) gives phenacetin in five to eight grain doses, repeated every two or three hours, and has apparently had better results than when given in large doses at long intervals. He finds that it does not produce the profuse sweating sometimes caused by the large doses. He continues its use during the whole course of the fever, and has never seen any ill-effects from its use, even when continued for weeks.

As to the administration of this drug, Dr. Pierce says: It is a crystalline substance, insoluble in water, and is

best administered by having it pulverized and given dry on the tongue, mixed with a little sugar; then, giving a little water, it is easily swallowed. A very convenient way of administering it is in the pill form, manufactured by W. H. Schiefflin & Co., of New York. These pills contain two, four and five grains each; and for adults or children, who can swallow a pill, it makes a very convenient method of administration.

Phenacetin, as we learn from the *Times and Register* (Sept. 20, 1890), has received the most careful consideration, and the most admirable results have been obtained, at the Pennsylvania Hospital, of Philadelphia, where it has now been universally used for upwards of two years. Its chief employment has been in the treatment of typhoid fever, and here it has never failed in a single instance. Doses of two and a half or three grains were found to be equally efficacious as larger quantities, while not so powerful, the decrease of temperature ranging from two to three degrees. Judging from these results, it undoubtedly deserves the first place among antipyretics, the chief points in its favor being:

1. Its tastelessness.
2. The absence of gastric irritation following its use.
3. The absence of any depressing effect either upon the heart or circulation.
4. Its promptness.
5. Its power and the long continuance of its action.
6. The absence of accumulative effects.
7. Its harmlessness.

No case of poisoning from phenacetin is on record.

Regarding the anti-neuralgic properties of phenacetin, they have been found equal, if not superior, to those exerted by antipyrin. Excellent results were obtained in three cases of acute rheumatism, in which salicylic acid and the iodides had entirely failed; two-grain doses of phenacetin gave immediate and complete relief.

In a case of severe endocarditis, in which there were daily chills and alarming temperatures, five-grain doses of phenacetin repeatedly brought down the temperature from 105° to normal, and once a drop of ten degrees was noted. In only one instance was the antipyretic action of phenacetin absent, and this was in a fatal case of pyemia following a surgical operation.

In neuralgias occurring in anemic persons, and in those suffering with organic affections of the heart, phenacetin is especially useful. Dr. Waugh prefers small doses—two grains repeated every one, two or three hours. In the dysmenorrhea of anemic women it is an efficient remedy. Two cases of whooping-cough, both severe, were treated with phenacetin in half-grain doses every two hours. Both were well in less than ten days, the whooping ceasing in less than a week. In these cases the drug was given as soon as the whooping made the diagnosis certain.

Insomnia is often the result of irritation, producing perhaps some rise in temperature, or, at any rate, the sensation of heat. The stimulation of coffee also causes sleeplessness. In these cases small doses of phenacetin act as a safe and efficient hypnotic, free from danger of every kind. So also when insomnia is due to pain of a minor degree, but yet sufficient to destroy rest, phenacetin will give relief. Perhaps not the least important of its hypnotic applications is in the case of children irritated by teething or indigestion, when one or two grains suffice to give mother and child their needed repose. In digestive troubles of infancy the drug undoubtedly acts as an antiferment, checking the processes of decomposition in the intestinal canal.

With regard to phenacetin in the treatment of *rheumatism*, Dr. Colischonn, physician to the Heilige-Geist Hospital, at Frankfort-on-the-Main, in the *Deutsche Med. Wochenschriet*, 1890, No. 5, says: The fact that the antirheumatic properties of phenacetin have not found the recognition they deserve is due principally to its having been generally given in too small doses. Since he has introduced the administration of large doses, Dr. Colischonn has had very satisfactory results with phenacetin, and has made no more use of salicylic acid, which is so frequently disagreeable to take on account of its accompanying effects. By the digestive organs phenacetin was very well borne, with one exception, where it was discontinued on account of repeated acts of vomiting, and C. has never seen any untoward symptoms, with the exception of a few cases, where profuse perspiration set in after four doses of fifteen grains (1, 0 gm.) each had been taken. The fever soon disappeared. The temperature went down—frequently from 1.125° to 2.25° F. below the normal on the second or third day. The pulse would get slower by ten to fifteen beats in the minute. An eruption was never observed. In this disease the therapeutic results were very different, according to which variety of rheumatism each case belonged. In chronic articular rheumatism, with deformity of the joints, phenacetin only acted as an analgesic, but not curatively. *The acute articular rheumatism responds most promptly to phenacetin.* The acute febrile varieties are less favorably influenced, but least of all the articulo-muscular varieties, that begin slowly and are dependent on the weather.

The author recommends *to make at least one trial with phenacetin in every case, but to give it either in four doses of twelve and a half to fifteen grains (0.75 to 1.0 gm.) each, or in two doses of thirty grains (2.0 grms.) each.*

The Criminal Responsibility of the Insane.*—In the year 1874 Sir James Stephens made an effort to improve the law relating to the plea of insanity, in a bill which was introduced into the House of Commons, and was entitled "A Bill to amend the Law of Homicide." In that bill it was provided that homicides should not be deemed criminal if the accused person is, at the time of committing the act, prevented, by any disease affecting his mind (*a*), from knowing the nature of the act; (*b*), from knowing that it is forbidden by law; (*c*), from knowing that it is morally wrong, or (*d*) from controlling his own conduct.

The first three of these tests, it will be observed, are the same as those proposed by the judges in 1843, with this difference, that they are cleared from a certain amount of ambiguity.

The fourth test was quite new. For the first time it recognized the fact that insanity of such a nature as to render a person irresponsible might exhibit itself in a want of control over the will. And here we are brought face to face with the fiercely disputed question whether there is or is not such a thing as irresistible impulse—that is, whether persons apparently sane, and, at any rate, free from obvious delusion, may be impelled to insane acts by a force that they can not control. Many eminent lawyers entirely disbelieve in such a phenomenon, and maintain that those who think otherwise have failed to discriminate between an impulse that is irresistible and one that is simply not resisted. I can not deny that medical witnesses have not unfrequently pressed this doctrine of irresistible impulse unduly, overlooking the fact that an insane impulse is not necessarily an irresistible one. But, as Sir James Stephen remarks, "it is not because a man makes a foolish statement on that subject that the law is to put itself in a false position." That there are cases where the insanity reveals itself chiefly, if not solely, in acts of violence, the consequence of uncontrollable impulse, there is unfortunately no room for doubting.

The bill was referred to a select committee of the House of Commons, and amongst the witnesses examined were Lord Bramwell and Lord Blackburn. Lord Bramwell, in the course of his examination, declared that "the law lays down such a definition of madness that nobody is

* Abstracted from an article by Chas. J. Cullingworth, M. D., M.R.C.P.

hardly ever really mad enough to be within it. Yet," he went on to say, "it is a logical and good definition," and he had no wish to see it altered.

Lord Blackburn's evidence is equally remarkable. "We can not fail," he said, "to see that there are cases where the person is clearly not responsible, and yet knew right from wrong," and he gives an instance to which I shall have occasion to refer presently. Yet he, too, expressed himself as satisfied with the existing law.

Lord Chief-Justice Cockburn, on the other hand, strongly supported the proposed change. In his letter to the committee he says: "As the law now stands, it is only when mental disease produces incapacity to distinguish between right and wrong that immunity from the penal consequences of crime is admitted. The present bill introduces a new element—the absence of the power of self-control. I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control, when destroyed or suspended by mental disease, becomes, I think, an essential element of responsibility."

Mr. Gurney's bill, however, as a whole, failed to commend itself to the committee, and has never become law. If there must be a legal definition of the precise degree of insanity which is to exempt a person from criminal responsibility, the tests that Sir James Stephen here proposed are infinitely less objectionable than those to which our judges still adhere. But I think it can be shown that insanity is too subtle a disease to be estimated either qualitatively or quantitatively by any rigidly defined tests, however clear and comprehensive. The popular notions that one man can recognize lunacy as well as another, that its recognition is merely a matter of common sense, requiring no special training or experience, and that it invariably betrays itself by definite and unmistakable symptoms, are altogether erroneous. It is only necessary to pay a visit to a lunatic asylum, and to enter into conversation with its inmates, in order to have these views dispelled. It will be found that in a lunatic asylum the raving maniac is an exception, the majority of the inmates being quiet, orderly persons, who present, so far as their outward appearance goes, little or nothing to distinguish them from other people. Probably no one visits such an institution for the first time without being puzzled to know which are officials and which the inmates. Like other chronic disorders, insanity is apt to come on insidiously. Its early symptoms are very often extremely slight and extremely obscure, so much so that they are almost invariably either misinterpreted or overlooked by the sufferer's friends. A certain alteration of manner, a disposition to talk a little more or a little less than usual, an unaccustomed recklessness in expenditure, a tendency to be suspicious of those who have hitherto been implicitly trusted, a slight failure in business capacity—these may be all the symptoms that mark the departure from mental health, until one day the smouldering insanity betrays itself in an act of violence. Suppose that act of violence to be one that brings its perpetrator within reach of the law, the medical witness who supported the plea of insanity by recounting the premonitory symptoms just mentioned would be smiled at as an amiable, but foolish and misguided visionary. Yet, let us look for a moment at some other diseases of the nervous system, and see whether, reasoning from analogy, such a course of events is not exactly what we might expect. The more common brain diseases, apoplexy and softening, are not primarily diseases of the nerve tissue, but of the blood-vessels supplying that tissue; in apoplexy, the diseased blood-vessel gives way, and the brain is injured as a consequence; in softening, the brain undergoes deterioration from a failure on the part of the diseased blood-vessels to supply it with the material necessary for its maintenance. Insanity, on the other hand, is a functional disorder of the nervous tissue itself, and therefore we must look for the analogies we seek, not amongst the more common and grosser lesions of the brain, but amongst other functional disorders of the nerve structures themselves—such, for example, as epilepsy and chorea, or St. Vitus' dance. The analogy between epilepsy and those forms of insanity which are accompanied with sudden outbursts is a very close one. An epileptic fit is due (speaking broadly) to a disorder of that portion of the highly-organized nervous tissue lying on the surface of the brain which is known as the motor area, the function of which is to take the supreme direction of the movements of the voluntary muscles of the body. There is good reason for believing that the outburst of maniacal fury is due to a corresponding disorder of that portion of the same tissue which lies in front of the motor area, and which has for its function the control of the thoughts, the emotions and the will. The most striking feature in each of these phenomena is its suddenness. The insane impulse and the epileptic fit have both something of the nature of an explosion. The causes that have been at work in each case have been cumulative in their action, and only when the accumulated irritation has reached a certain degree of intensity has there been any, or, if any, but the very slightest, outward indication of the gathering storm. The epileptic may have had one or two transient attacks of giddiness, or an occasional look of vacancy, and the madman may have exhibited one or more of those comparatively trifling alterations of character and manner that I have enumerated, but in neither of the cases I am supposing will there have been any premonitory symptoms sufficiently striking to attract the attention of persons who have had no special training or experience in such matters. The epileptic fit is a storm of muscular movement, a general convulsion of the voluntary muscles; the madman's violence is a storm of thought, emotion and will, betraying itself in extravagant conduct; it, too, is essentially a convulsion. The analogy may be pursued further. After the epileptic fit and the phenomena that sometimes immediately follow it have subsided, the individual to all appearance returns to his normal condition, giving no indication, beyond perhaps a bruise or two, of what he has gone through. Similarly, after the insane act of violence, there may be an apparent return of mental soundness, such as to make it difficult, if not impossible, to discover any evidence of insanity.

After what has been said, it will occasion no surprise to hear that these two kinds of storms occasionally alternate in the same individual, an outburst of insane fury or violence taking the place of an epileptic fit, and *vice versa*. Nor will it be wondered at that the one kind of explosion may occur in the parent and the other in the offspring. But the object I have had in view in tracing this analogy is to point out that, although there are many cases of insanity where the malady is patent to the whole world, there are others—and those precisely the cases most likely to come up for trial on criminal charges—where the disease is exceedingly difficult to recognize, even by the trained observer, and by the untrained impossible. The spectacle of an epileptic seizure taking place suddenly in an apparently healthy person is one of such every-day occurrence that it scarcely excites any notice. But if a medical witness stands up in court and suggests that an atrocious and apparently motiveless act of violence was the insane act of the apparently calm prisoner in the dock, he is in danger of being ridiculed as a theorist. That such, however, *is* the explanation of a certain number of acts of violence can not be doubted, and the analogy here traced to the well-known phenomena of epilepsy may serve to bring this fact home to us and to remind us that there is nothing in it which is out of harmony with other facts that are daily before our eyes.

Agraphia.—M. Dejerine (*Le Prog. Med.*) says that this question and the symptomatology of the regions which it represents is a complex one. Studied by many, some have claimed the existence of a special center for the movements of writing, while others have denied the special center believing that agraphia would exist as long as the visual images of words were suppressed. He had seen at the Biêtra, a man, sixty-three years of age, who was attacked suddenly with complete verbal blindness and with right lateral homonymous hemianopeia. There was complete agraphia for either voluntary, dictation or copy. This persisted for ten months. After death a lesion was found in the angular gyrus of the left hemisphere. This was a yellow plaque of the size of a five franc piece. The rest of the cortex was intact. The softening extended into the underlying white substance to within about a centimetre of the ventricular wall. This case is very convincing as to a localization for verbal blindness, since the lesion was exactly limited to the angular gyrus with complete integrity of the occipital convolutions, as well as the cuneus. Agraphia can not be explained here by the destruction of the center of optic memory of letters. The case is then a marked example of agraphia due to a verbal blindness.—(T. M. S.)

Physiological Effects of Primethylamine.—By whatever way the agent enters the economy (stomach, lungs or skin), the immediate effect is an hypersecretion of saliva, with an increase in its normal alkalinity. To this symptom other inconstant ones may be added in connection with the mucous membrane of the nose and the lachrymal gland. Another constant effect is the presence in the urine of small quantities of albumen for several days following its administration. Injected under the skin in an aqueous solution, in a less proportion of 1 to 200, it provokes eschars and consecutively wounds slow in healing. When the solution is 1 to 200, and administered in doses of three cgr. for kilogram of animal, it always lowers the temperature. Hypothermie is not noticed in doses either greater or less than this proportion when injected subcutaneously, nor when three to seven times as great by the stomach. In every case, and no matter how administered, this agent causes a notable increase in the pulsations when given in doses above two cgr. for each kilogram of weight (*Le Prog. Med.*).—(T. M. S.)

Acromegaly.—M. Maisonneuve (*Le Prog. Med.*) reports the following: The patient, an Alsacian, age thirty-seven years, had never been sick, on the contrary his strength was above the average, he easily carried 150 kilog. (300 pounds) upon the shoulders, and thirty-five kilog. with extended arm. All the functions were perfect and his habits regular. At twenty-two he married and had four well nourished and vigorous children. At twenty-four he began to notice an increase in the size of his head, hands and feet, so that each year he was compelled to wear a larger hat. At twenty-eight he suffered with intense headache, which lasted almost without interruption for six years and then disappeared. At thirty-four rheumatic pains appeared, attacking the shoulders. Seven years before he had a corneal ulcer in the right eye, which left an opacity. The disease, in this case, developed slowly and insidiously, and for three years had been stationary. The present condition was as follows: The characteristic aspect; yellow, waxy taint, enormous head, considerable exophthalmia. The voice was heavy, nose flattened, lips thick. The hands are massive, almost square, with the fingers in twisted rolls. The lower extremities were equally massive. He measured 1m67, and weighed 100 kilog., while at twenty-two years, he measured 1m62 and weighed 70 kilog. The sensibility was intact, only the patellar reflexes have disappeared. The genital functions remain, but are diminished. The pupils almost insensible to light, react still to the accommodation, and there is a slight pain on pressing from before backward upon the globe. Finally the etiology of this disease, of which this patient presents a perfect type, remains very obscure. The antecedents do not furnish any solution; the patient was not syphilitic; his parents had died at sixty years of age, from undetermined causes. He has thirteen brothers and sisters all in good health. The only fact worthy of note was that the rheumatismal pains in the shoulders have appeared three years before, that is to say, at a time when his condition had become stationary.

M. Petit had observed an analogous case in a cook. For seven or eight years her hands and face have increased in considerable proportions. Her thimble has been gradually replaced by larger ones until to-day the one in use resembles a small goblet.—(T. M. S.)

Sensory Aphasia.—M. Dejerine (*Le Prog. Med.*) reports a case which simulated motor aphasia, and presents an invalidation of Broca's law. The patient was attacked with complete verbal blindness and deafness, and agraphia for voluntary writing. Sight and hearing were intact; speech was troublesome, the patient replying wrongly to questions asked him. At the end of four months he died in coma. At the autopsy there was found an extensive yellow plaque, occupying the entire inferior parietal convolution, and the posterior part of the first and second temporals and the second occipital. The softening extended through the white matter to the ventricular wall. The frontal lobe was absolutely intact. Here was a case of a well-determined sensory aphasia. The writer calls attention to the fact that some English authors (Ogle, Rogham, Bastian) show the necessity of separating the troubles of articulate speech into two grand divisions. In the one there exists paraphasia and Broca's convolution is intact; while in the other there exists motor aphasia so-called (ataxic aphasia) and the convolution is always altered.—(T. M. S.)

Piperazine and Gout.—Experiments have been made in many large clinics in order to study the action of piperazine on the living body; the remedy has been applied against gout and vesical stones internally, and in the form of compresses, irrigations and the like. It has been established that the compound is very little or not at all decomposed in the body, and that it is soon excreted; at the same time it is carried with the blood to the seats of the disease, and is able there to exert its action upon the uric acid deposits. The complete solution of the stones or gouty nodes by the remedy has not been postulated, but it is believed that they are very largely dissolved, so that the organism itself can complete the process of removal. That this actually takes place is seen from the fact that, as a rule, soon after the use of the remedy, concretions of uric acid are discharged in the form of gravel or the like, which has a marked effect in alleviating the symptoms.

It seems, however, to be necessary to point out that piperazine hydrochloride does not and can not dissolve uric acid. In this salt the basic properties of piperazine are neutralized, and it is, therefore, powerless to dissolve, i. e., to combine with the organic acid. Some evidence has been obtained that herein lies the cause of the disappointment which some physicians have experienced in the employment of the remedy.

The base piperazine, when brought into contact with the difficultly soluble uric acid, combines with it, forming the very readily soluble salt urate of piperazine. But uric acid has not the power of displacing the hydrochloric acid radical from the hydrochloride, so that, consequently, the latter has no solvent action on uric acid. It has been already pointed out in these columns that this ready solubility of the urate of piperazine constitutes one of the great advantages of the base over lithium in the treatment of the uric acid diathesis.

One may experimentally prove that the free base *piperazinum purum* dissolves uric acid in a very simple way.

A uric acid concretion is placed in a test-tube with a small opening at the base, or in a small platinum sieve; the tube, or sieve attached to a piece of platinum wire, is then suspended in a wide-mouthed bottle containing one per cent. piperazine solution, and warmed to about blood-heat, *i. e.*, to 30°—35° C.

The stone may then be seen to begin at once to dissolve, and the solution of piperazine urate, being specifically heavier than the piperazine solution, streams through the small opening of the test-tube and falls to the bottom of the bottle. In this way the question can be very readily answered in a striking manner, though, of course, the same effect is produced if the concretion be simply directly introduced into a test-tube and warmed to a somewhat higher temperature. Under these circumstances the solution is effected the more rapidly.

The important point to be remembered, therefore, is, that where uric acid accretions are to be dissolved, the base *piperazinum purum* should be prescribed. Reference to our previous issues will show that pronounced advantages accrue from the combination of phenocol with piperazine.—*The Therapist.*

Menthol in Pruritis.—According to the researches of Dubreuil and Archambault, who have studied the effects of menthol in a variety of pruritic affections, it is stated "that nothing can equal it for the relief of the itching of urticaria, itching eczema and pruritis ani, and all skin diseases where scratching keeps up the lesion of the skin."

In ordinary cases a ten per cent. solution in alcohol, olive or almond oil may be employed, or from two to five per cent. of menthol may be added to oxide of zinc ointment. Upon an excoriated surface or a mucous membrane, care must be exercised not to use too strong applications, as a disagreeable sensation of burning results in such cases.—*New Remedies.*

Aphrodisiac Effects from Cocaine have been reported by several observers, and the possibility of producing strong sexual excitement by the use of a small quantity of the drug should be borne in mind. A Philadelphia physician reports giving a hypodermic injection of a few drops of a ten per cent. solution of cocaine to a woman from whose face he proposed to remove a small tumor. The erotic excitement that followed led the patient to behave in a most unseemly way, although her usual behavior was modest and becoming. A St. Paul dentist reports a similar experience, his patient making an indecent exposure of the person while under the influence of a small injection of cocaine. Dentists should indeed be particularly on their guard, since they use cocaine so often in filling and extracting teeth, and are frequently alone with their patients.

Symptoms of Extra-Uterine Pregnancy.—Dr. H. Illoway, in a paper read before the Obstetrical Society of Cincinnati, gave the following *résumé* of the symptomatology of extra-uterine pregnancy:

1. Paroxysmal pain in the hypogastrium, usually of great violence, lasting for a few hours or a day, is the earliest symptom. Other paroxyms occur after a longer or shorter period. These pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may disappear after the fifth or sixth month, but may recur again about the end of the pregnancy.

2. A fixed grinding pain may be felt in one of the iliac fossæ, running down the thigh. Both varieties of pain are more common and more severe in the tubal than in the ventral forms of extra-uterine pregnancy.

3. Vaginal hemorrhage, varying in character from dark-colored, coagulated blood to light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hemorrhage with discharge of deciduous membrane.

4. Abdominal enlargement to one side is more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

A positive diagnosis of abnormal pregnancy can only be made after a careful vaginal exploration and the recognition of the following points:

5. A deviation of the uterus from its normal position, produced by a tumor located on either side, in front or behind. It is exceedingly difficult to recognize this tumor as early as the end of the first month of pregnancy.

6. Ballotement. A careful examination will show the tumor to be an elastic and fluctuating mass, and ballotement will reveal the presence of a solid body floating therein.

7. Vacuity of the uterus, the introduced sound finding it empty.

Hypodermic Medication in Diseases of the Eye.—A paper on this subject, by Prof. Charles J. Lundy, concludes as follows: The advantages of hypodermic medication over other methods are probably due to several causes, and its use, under proper limitations, may be recommended upon the following grounds:

First.—The medicine does not escape through some natural channel before it has entered the circulation, as is so often the case when medicines are administered by the mouth.

Second.—The dose can be regulated with greater accuracy, and the action of the drug is more certain.

Third.—The full physiological effect can be gotten almost instantly, because the remedy is more quickly diffused through the system, and with drugs like strychnine, pilocarpine, etc. This is most important.

Fourth.—In some instances results can be obtained by the hypodermic method which can not be obtained otherwise.

Fifth.—I have never seen ptyalism follow the hypodermic use of mercury.

Sixth.—When medicines are not well borne, or when they produce unpleasant symptoms, hypodermic medication in appropriate cases will meet every indication, and will often prove itself superior to other methods.

The Climates of Asheville and Hot Springs, North Carolina.—Dr. E. M. Hale says, in *New Remedies* (January, 1891): I have lately visited both the above locations, and my views are condensed as follows:

Asheville is an excellent place to send patients with incipient phthisis, chronic catarrh and asthma, but it is too high for all cardiac affections, and rheumatic patients do not do well there.

Hot Springs is nearly 500 feet lower, and all forms of cardiac disease are benefited there. Rheumatics are greatly benefited by the baths in the alkaline hot water—temperature, 104° F. Consumptives and asthmatics are benefited. It is a lovely and healthy spot, no fogs, no malaria, and the neurasthenic and overworked can there get complete mental rest, with the best physical exercise.

Camphoric Acid in Acute Coryza.—A cotton-wool tampon charged with a two per cent. solution of camphoric acid, and introduced into the nostril, gives rapid and permanent relief in acute coryza.

Dr. Charles M. Thomas, of Philadelphia, announces that he will hereafter relinquish the practice of general surgery, and will devote his entire attention to the *diseases of the eye and ear.*

An Easy Method of Feeding per Rectum.—Mr. Y. M. Jones-Humphreys, L. S. A., writes (*Lancet*, February 14, 1891): Some months ago, having to treat a bad case of gastric ulcer by rectal feeding, etc., I devised an apparatus consisting of a small funnel, a piece of elastic tubing one-half inch in diameter, one and one-half feet long, about four inches of glass tubing (by which the descending fluid can be watched), and joined on to this an ordinary flexible catheter. The atmospheric pressure is sufficient to send any fluid into the rectum, and I have never noticed any return of the fluid, absorption being slow but efficient. The instrument is an improvement on the old enema apparatus in use. The claims for this method are: (1) It is extremely simple, the patient being able to pass the catheter into the bowel without experiencing any pain or unpleasantness; (2) It is cheap and easily made; (3) After once being shown, the most inexperienced person can use it, and thus we can be sure our patient will have small quantities of nourishment at frequent intervals; (4) The fluid is slow in its passage, and thus nearly the whole quantity becomes slowly absorbed. In any case requiring rectal feeding, I venture to hope that my professional brethren will find this simple method of use to them, and a source of comfort to their patients.

New Method for Arousing Patients from Chloroform Narcosis.—The *Texas Health Journal* learns authoritatively that a homœopath of the city in which it is published uses no other method for restoring patients to consciousness from chloroform narcosis than the dilatation of the sphincter ani, which is accomplished by thrusting three fingers up the rectum and dilating it in the most vigorous manner. We understand that in the numerous instances in which this novel method has been tried, the patients invariably gave a Comanche "whoopee-a-whoop-pa-o-oooough" yell that startled the natives for several blocks. It is claimed that this discovery was made by observing the ease with which patients recover from chloroform operations on the rectum.

Tissue-Conserving Drugs.—Reichert, in a paper recently published, discusses fully the action of tea, coffee, cocoa, coca, mate, kola, guarana, hemp, tobacco and opium, and he concludes that the only one which is a food in any way is alcohol. All this class have three chief actions, namely: The production of mental exhilatation, the excitation of the energy-yielding processes, and the ability to furnish energy through their own decomposition. The paramount influence varies in different drugs; for example, opium and tobacco act chiefly mentally, while the chief action of cocaine or caffeine is to excite the energy-yielding processes. From the result of experiments on dogs, he concludes that caffeine increases enormously the production of heat. So rapidly is heat formed, that the system is unable to throw it off; it thus accumulates in the body, and the animal's temperature may rise as much as 4° C.

The Point of Selection in Paracentesis of the Abdomen.—Investigations carried out with unusual care by Dr. Frzebicky, demonstrate the fact that, on anatomical grounds, the linea alba is the most suitable place for paracentesis, provided, of course, that no contra-indication, such as adherent intestines, exists. By performing the operation in the median line, all danger of wounding important parts is avoided, although the puncture should not be made too close to the symphysis pubis to prevent injury of the bladder. It is also necessary to keep exactly in the middle, since, in rare instances, a large branch of the epigastric artery passes along the side of the linea alba, injury of which may prove fatal. If, for any reason, paracentesis can not be practiced in the median line, the author recommends us to select the outer half of a line drawn from the umbilicus to the anterior superior spinous process of the ilium.

A New Disease of Americans.—According to Dr. Lange, perityphlitis, or appendicitis, is unusually common in America, and particularly in New York, one surgeon, for example, having encountered twenty-one cases in a period of eleven months. This Dr. Lange attributes to two of our national failings, that of eating too much, and that of chewing too little, the result of which is constipation. Contributory causes of the prevalent constipation are our hurrying, restless, nerve-straining lives, which lead us to ignore the demands of nature. Fecal accumulation sets up trouble in the mucous membrane of the cecum. So-called fecal calculi are often found, but very rarely foreign bodies—much more rarely than was formerly believed—as causes of appendicular disease. The presence of pent-up secretions in the appendix is prone to set up an inflammatory condition, and this may pursue its course without destroying its integrity of the appendicular wall, or it may lead to extra-cecal suppuration, which is almost always situated within the peritoneum, rarely between the layers of the meso-colon, and almost invariably accompanied with perforation of the appendix.

Adnascence of Artificial Teeth.—Dr. N. N. Znamensky, Moscow, publishes the following highly interesting communication on mechanical adnascence of artificial teeth (*Internat. Pharm. Genanzeiger*):

Until now the only successful adnascence was observed in natural teeth of man and dogs; to cause adnascence of artificial teeth had never met with success. The author is the first one who has obtained satisfactory results: artificial teeth, either of porcelain or of caoutchouc, inserted into the alveoli, have become firmly adnate by mechanical process. Znamensky has performed these experiments on dogs as well as on men. It is of no importance for the success of the operation whether the artificial tooth is inserted in the place of a tooth just extracted, or whether the alveolus has been closed for a long time; adnascence will take place with equal success, the tooth being of porcelain, metal or caoutchouc. Znamensky traverses the roots of the artificial teeth with apertures from the labial to the lingual surface, and a similar aperture is practiced from the mesial to the distal surface. It is feasible also to establish incisions in the circumference of the root. The marrow of the bone provides these apertures with a granulatory tissue which is ossified by degrees and in this way maintains the artificial tooth in the alveolus with extraordinary firmness.

Iodide of Potassium for the Diagnosis of Phthisis.—Sticker renews an observation made by him a few years ago, which he has in the meantime confirmed and successfully used for the diagnosis of doubtful phthisis. He finds that where a lesion exists at the apex of a lung, suspected by an impairment of resonance, and alteration in pitch or a harsh respiratory murmur, but without râles or blowing murmur, the latter may be produced by giving, for a few days, small doses of iodide of potassium. It seemed as if the drug stimulated secretion, especially in the neighborhood of diseased tissue, thus giving rise to râles. If moderate doses of the iodide be administered to a healthy person no changes can be detected in the lungs; but in a case of diffuse dry bronchitis, in the course of a few days an extensive moist catarrh, with fine and coarse moist râles, results. Similar manifestations appear in the area of circumscribed pleural adhesions or pleuritic roughenings. Not rarely the evidences of local reaction are gradually obscured by the signs of diffuse catarrh. In four cases of suspected tuberculosis, in which repeated physical examination of the lungs proved negative, the administration of the iodide for diagnostic purposes produced distinct signs of localized reaction in one or both apices, with tuberculous sputa.

MISCELLANY.

—The position of assistant in the Midwifery Dispensary, 314 Broome street, is open to practitioners and recent graduates of any recognized medical college. Each assistant will examine a number of pregnant women at the dispensary, and personally conduct the confinements, and after-treatment of the mother and child at the homes of the patients in the vicinity. The fee for the course of two weeks is ten dollars. At the present time over 100 cases a month are delivered. Special instruction in operative obstetrics upon the manikin will be given to those who desire it.

—A bill is now before the French legislature which provides for the admission of duly qualified females into pharmacy. This bill practically restores to women the rights they possessed five hundred years ago.

—It is said that glass may be cut with scissors almost as easily as paper, if the cutting is done under water.

—Dr. A. Ravogli reports a series of cases in which the local application of resorcin was followed by dermatitis. The resorcin had been used as a salve, half a dram to one ounce of petrolatum, or as a wash of one and one-half per cent.

—The number of medical students at the University of Vienna last summer was 2,427, and of these 348 were foreigners of various nationalities. The numbers have considerably fallen off as compared with the previous winter, when there were 3,343 students in the medical department.

—M. Fargeot has made a communication to the Medical Society of Lyons relating to a discovery by means of which he can obtain an imprint of any hand that has touched a piece of paper, or of a foot that has trodden the floor of a room. The basis of his method consists in making visible by chemical means slight traces of perspiration or sebaceous deposit.

—The Austrian Minister of the Interior has recently issued an ordinance that the burgomasters of all communes must exercise strict supervision over the medical men practising within their jurisdiction in the matter of legibility of prescriptions. They are charged to see that every prescription is clearly and legibly written in all its parts, so that there may be no doubt as to the remedy, the dose, or the signature.

—A writer in the *M. B. Druggist* tells us how to laugh at the mosquito. He takes a piece of camphor fully an inch square and half an inch thick; this he lays on the bureau —always exposed—in daytime, and on or near the pillow at night; has two windows and door of the room wide open, no bars, and draft through. This is the only remedy he ever tried that afforded thorough relief.

—It is reported that there are living in Dos-Kazan, Russia, a kirghi peasant and his wife, each of them over one hundred and fifty years old. Their eldest son has himself reached the age of one hundred and twenty years.

—A new Masonic lodge founded for the convenience of the medical profession has been consecrated in London. The lodge is named Esculapius. Mr. J. Brindley James was installed as the first master in presence of a large gathering of medical brethren.

—Dr. Brena, of Zacatecas, Mexico, strongly recommends that city as a sanatorium for phthisical patients. He and several other medical men, who have practised there for some years, agree in declaring that they never see any cases of phthisis amongst people of the better classes who have lived for any great length of time in Zacatecas.

—Dr. Proust thinks there is danger of the cholera epidemic in the East extending to Europe *via.* the Gulf of Persia. Ten thousand pilgrims have died at one place. According to Dr. Proust, the bath in which the pilgrims immerse themselves is extremely insalubrious. It is a stone fish-tank of small size. As many as one thousand a day wash in it, and the water is seldom changed. This is at Hedjaz, in Arabia; and another reason why it is such a fearful cholera center is the number of sheep slaughtered there. For the last holy season the number slain was one hundred and eighty thousand. On descending to this place the pilgrims fell dead from cholera with great suddenness, as though killed by lightning.

—M. Pasteur has succeeded in obtaining a grant from the French government, which is to be used to assist poor persons living in France to reach his institute, in case they are in need of his treatment.

—Dr. L. Webster Fox is of opinion that savage races possess the perception of color to a greater degree than do civilized races. After examining one hundred Indian boys Dr. Fox found no case of color blindness. In the same number of white boys, at least five cases would have been discovered. Among the Indian girls he did not find any. Among whites two females in every thousand are color blind.

—A great change has been introduced into the commissariat department of the London County Lunatic Asylums by the substitution of milk or other non-alcoholic beverage for beer in the diet of physically healthy lunatics. The result, we are told, has been most gratifying, the general standard of health of the inmates having improved, and they have become much easier to manage. The change has been especially beneficial in the case of epileptics.

—Statistics show that there are 200,000 widows in India between the ages of ten and fourteen years, and 80,000 who are younger than nine years.

—A pneumatic inner sole or sock for boots and shoes has been brought out to confer great benefits upon people who have tender feet, etc. It is made of hollow india-rubber, inflated with air or gas under pressure, the external protective covering being canvas, linen, skin, or other suitable material to adapt it to withstand the internal pressure of the compressed air or gas.

—When you write, use clear expressions and in simple words: "In reference to technicalities," says Dr. James Truman, "there is a certain class of scientific men who, in their dealings with their special work, so overload the matter with technical terms that they can never be clearly understood, even by those equally advanced with themselves."

—An old medical work has been found, an Egyptian papyrus, dating back some three thousand years, which contains much medical advice and many prescriptions.

—The death is reported at Bordeaux of a Polish physician by the name of Zalewski, who was born on Christmas day, 1780, and was consequently 111 years old. He continued in active practice until past eighty years of age. For thirty years he has been pensioned by the government. He was an eye-witness of the review by Napoleon of his army at Moscow, and also of the execution of Louis XVI.

—Vaccination is said to have a most favorable effect upon patients suffering with whooping cough. Try it and report.

—In gleet, Donovan's sol. (iod. ars. and mercury) in doses of ten minims three times a day is said to be a specific.

—A French scientist has perfected a device for obtaining oxygen from sea water by electric means, and carrying it to any part of a vessel to use as a disinfectant.